(5)

No. 05-11304

FILED
NOV 20 2006
OFFICE OF THE CLERK
SUPREME COURT, U.S.

IN THE

Supreme Court of the United States

LATHAIR SMITH,

Petitioner,

v.

STATE OF TEXAS,

Respondent.

On Writ of Certiorari to the Texas Court of Criminal Appeals

JOINT APPENDIX VOLUME II

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PETITION FOR A WRIT OF CERTIORARI FILED MAY 30, 2006
CERTIORARI GRANTED OCTOBER 6, 2006

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WHITE — Central Administration
CANARY — Local Building
PINK — Appraisal Team

dallas independent school district

Student's Name LaRoyce Smith Birth Date 4 (Month) 23 (Day) 71 (Year)

Student Identification # 507954 Adaptive Education # 53817

School Information

When did this child enter DISD? 8-23-76 KINDEGARTEN (Year or Grade Level)

Previous schools, if any

Grades repeated, if any

Test Information

Metropolitan Readiness Test 9-76 (Date) 7 (% ile Rank)

DEFENDANT'S EXHIBIT 38

Mental Maturity (CTMM)

Date	LFIQ	NLFIQ	TMFIQ

Achievement (CAT or CTBS)

Date	RV	RC	TR	LM	LE	Sp	TL	A Comp	A Con	A Appl	TA	TB	SSR	SSG

Other:

Spache Reading Test: ____ (Date) Word Rec. ____ Oral ____ Silent ____ Listening ____

Describe academic performance or progress and school attendance Attendance regular - performance nil - progress nil - Very low retention - has not learned all letters - cannot read simple words - cannot perform number functions beyond counting - good speech - fair handwriting. Does not know address, birthdate -

Observed interaction with peers Fair interaction with peers - Is a little rough but enjoys his friends - Must be kept seperated from a few because he's easily led into trouble

Observed interaction with teachers or other school personnel Very hesitant to respond to teacher's questions or requests. Speaks in whispers. Tries to control actions at teacher's request but sometimes fails. Has recieved corporal punishment twice.

Principal Date (Mo. Day Yr.)

Nancy Adrian (Teacher or Counselor) Date 4-14-78 (Mo. Day Yr.)

Form SE-33 — 10M — 2165 — 73

DEFENDANT'S EXHIBIT NUMBER 40

WHITE COPY — Special Education
CANARY COPY — Building Nurse
PINK COPY — Health Services

dallas independent school district

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

10/6/78
Date

Name of Student: LaRoyce Smith Sex Male

Birth Date: 4 23 71 Ethnic Group: Black

School: T.G. Terry Elementary

Dear Parent:

We are attempting to determine if your child needs special help in school. Part of the information considered in this determination is the health of your child. It will be necessary for you to take him (her) with these papers to your physician or clinic for a medical evaluation. Please sign the release form below granting the doctor permission to report his findings to my office.

To the Physician:

We would greatly appreciate the report of your medical evaluation. You are requested to mail the information on the enclosed form to my office.

This information will help us to determine the proper school placement for this child.

Sincerely yours,

R M Adams M.D.

Richard M. Adams, M. D.
Director — School Health Services
Dallas Independent School District

Release: I hereby grant permission for you to report your findings to Richard M. Adams, M. D., Director, School Health Services, Dallas Independent School District, 3700 Ross Avenue, Dallas, Texas, 75204.

_____
Signature of Parent or Guardian

WHITE COPY — Special Education
CANARY COPY — Nursing Nurse
PINK COPY — Health Services

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child La Royce Smith Date of Examination 11/17/

To Be Completed by Physician

MEDICAL HISTORY	Negative	Positive	Describe Fully Any Positive Findings
			CC. SLOW GROWTH x 1yr. 7 lbs 3 oz by Informant Mother to school RN Interview
Current Health Problems			dry skin behind ears + some times on face seasonal (Summer + fall) # 2nd 3 siblings
Significant Past History (Birth, Development, etc.)			9-10 mo gestation c neonatal DIOD. Mec. Cons. during labor of 7 hours. Child was discharged with mother noting abnormal condition "shock muscles" 2 days 3 mo. dis.
Review of Systems			Born at St. Paul Hosp. Wt. 6 lbs 12 oz Resp. prob. Toilet @ 18-24 mo. Talked @ 9 mo. Walked @ 10 mo. @ 3 yrs was seen at Scottish Rite Hosp. for genu valgum. treated by braces (nightly)
Pertinent Family/Social History			Systems OK MO. has hypertension had been on Rx Fr. has seasonal allergies mat. gr mo. has diabetes, 2nd cousin has sickle cell anemia Pat. gr MO died of CA

PHYSICAL EXAMINATION

HEIGHT	WEIGHT	10/17 VISION				HEARING 9/27	
		Without Glasses		With Glasses		Right	Left
50 in. / cm.	66 lbs. / kg.	Right	Left	Right	Left	P	P
50 % ile	90 % ile	20/25	20/20	20/	20/	Method Used:	Finger Voice

GENERAL	Normal	Abnormal	Not Examined	
				B.P. 90/60 P 92 R____ Head circumference: 53 cm. (60 % ile)
Head	✓			
Eyes:				
Pupils	✓			
Fundi	✓			
Muscles	✓			
Ears	✓			
Nose-Throat	✓			RHINORRHEA
Teeth	✓			CARIES
Lungs	✓			
Heart	✓			RR 5 GOOD BC (II) PULSES 2+ = BRAT

WHITE COPY — School Education
CANARY COPY — Building Nurse
PINK COPY — Health Services

amp

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child La Royce Smith Date of Examination 12/6/17

To Be Completed By Physician

	Normal	Abnormal	Not Examined	Describe Fully Any Abnormal Findings
GENERAL *(Continued)*				
Genitalia and Abdomen	✓			
Bone-Joint . Muscle	✓			
Skin	✓			
NEUROLOGICAL				
Orientation	✓			
Cooperation	✓			
Behavior	✓			
Gait/Balance	✓			
Coordination:	✓			
Gross	✓			
Fine	✓			
Sensory	✓			
Reflexes	✓			2+ = Bilat. ⊖ Babinski
Cranial Nerves	✓			
Speech	✓			

Please circle:

1) This patient (does; does not) have evidence of seizure disorder, significant hyperactivity or progressive neurologic disease.

2) This examination (does; does not) suggest the presence of static neurologic deficit or developmental delay.

Explanation: _____

WHITE COPY — Special Education
CANARY COPY — Building Nurse
PINK COPY — Health Services

HISTORY AND PHYSICAL EXAMINATION

amp

SCHOOL HEALTH SERVICES

Name of Child LaRoyce Smith Date of Examination 10/6/75

MEDICAL DIAGNOSIS: ① SLOW LEARNER by Hx - ? NEUROLOGICAL CONDITION AS NOTED
RECOMMENDATIONS: ② CURRENT ③ NO LIMITATIONS FOR PHYS. ED. NOTED AT THIS TIME.

Educational Implications: ☑ Yes ☐ No

Explanation: _____

Will follow-up be needed?
☐ Yes ☑ No

When? _____

Chas Mendez PA Signed R M Adams M. D.
(Physician)

_____
(Name Printed)

_____
(Address)

_____ _____
(Zip Code) (Telephone)

Thank you for providing this information. It will be helpful in making the appropriate recommendation for school placement.

Sincerely yours,

R M Adams M. D.

Richard M. Adams, M. D.
Director — School Health Services
Dallas Independent School District

DEFENDANT'S EXHIBIT NUMBER 41

MAY 1981

amp

2.0

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team
GOLDENROD — Parent

dallas independent school district

REFERRAL FOR INDIVIDUAL STUDY

Comprehensive Appraisal Services

Student Services No. 53817 Date Received _____ (Month / Day / Year)

Student Identification No. 507954

Name of Pupil Smith, La Royce (Last / First / Middle) Birth Date 4-23-71 (Month / Day / Year)

Father LeRoy Smith Mother Johnnie Smith

Child Lives with Parent (Relationship) Address 7427 Brierfield

Father

Name _____ (If other than parent) Telephone: Business _____ Home 224-7690

Mother 323-6000/6934

School T. G. Terry Grade 3

ETHNICITY						SEX	
1 A	2 (N)	3 MA	4 IND	5 OR	6 OTH	1 (M)	2 F

Language used in the home is primarily: (1) English 2 Spanish 3 Other (Circle One)

PARENTAL AUTHORIZATION AND CONSENT

The purpose of this request for Student Services has been discussed with me. I understand that the following services may be required:

1. ✓ Classroom observation
2. ✓ Educational appraisal
3. ✓ Speech and language evaluation
4. ✓ Family and individual background and adaptive behavior
5. ✓ Psychological appraisal
6. ✓ Medical specialty consultation mother wants DISD to do the Physical
7. ✓ General medical evaluation: vision and hearing testing
8. ✓ Physical therapy and/or occupational therapy evaluation
9. ✓ Other any of these as needed
10. ✓ Consideration for Special Education placement

Date: 4-27-81

Norwood King
DISD Professional Personnel Securing Authorization

X Johnnie Smith
Parent or Legal Guardian

PERMISSION TO REQUEST PERTINENT INFORMATION

Permission is granted to Student Services to request pertinent information, such as

____school records, ____medical records, ____sociological records, ____psychological

and/or psychiatric reports of _____ (Student's Name)

from: _____ (Name of Agency) _____ (Address) _____ (City) _____ (State) _____ (Zip)

Date: _____ _____ (Signature of Parent or Legal Guardian)

4-27-81
DATE

53817
Student Services Number

TIME

dallas independent school district

DEVELOPMENTAL AND SOCIOLOGICAL INFORMATION

I. IDENTIFYING INFORMATION:

La Royce Smith	4-23-71	M	N	3	T.G. Terry
Name of Child	Birthdate	Sex	Race	Grade	School

LeRoy Smith	Vacuum Heat Treat	357-0394	Truck Driver
Father's Name	Employer	Job Title	Phone
Johnnie Smith	Mostek	assembler supervisor	323-6934
Mother's Name	Employer	Job Title	Phone
Step-Father	Employer	Job Title	Phone
Step-Mother	Employer	Job Title	Phone
Parents	7427 Brierfield		224-7690
Child lives with	Address		Phone

How many languages are spoken in the home? 1 The language most spoken in the home? English

Are the parents separated or divorced? No When? _____ Who has legal custody of the child? Parents Describe the child's contact with the absent parent. _____

List the names of all family members beginning with the oldest.

	NAME	BIRTHDATE	SEX	GRADE IN SCHOOL NOW	HIGHEST GRADE COMPLETED/ -TECHNICAL TRAINING
Father	La Roy Smith	9-23-43	M		11
Mother	Johnnie Smith	2-20-43	F		12
CHILDREN	Myron Wilson	8-28-61	M		12
	Norvetta Smith	12-16-77	F		

II: PROBLEMS AS SEEN BY PARENTS:

Please describe what you believe your child's problems and concerns are: He is slow and has difficulty remembering what he has learned

Has your child every repeated a grade? yes Which grade? 1st

If you child was absent more than 10 days last year or this year, what were the reasons? illness

Describe any special program or special education class that your child has been involved with. —

Please describe how your child spends time at home. He likes to play a lot, mostly outside

Does your child tire easily? yes. When playing, he will stop and rest after

Does your child seem overactive? yes Have difficulty paying attention? yes

What does your child do to get attention? He bothers his sister, makes noises, etc. He is an affectionate child and likes for you to notice him

Describe the circumstances in the home which might affect your child's school performance. Both parents are working and do not give him enough of their time

In the home, who is responsible for most of your child's discipline? Mother

What is the most effective means of discipline you have found for this child? Nothing works best. If you spank him, he is back to normal in a few minutes. If you send him to his room, etc., he will entertain himself for some

When punished (scolded), how does your child react or behave? When spanked, he may cry a little

BEST AVAILABLE COPY

III. COGNITIVE DEVELOPMENT (Begin questions at or near child's chronological age).

Behavior:

	Year	Yes	No
Smiles when she/he sees a familiar face	0 - 1		
Drops and picks up toy	0 - 1		
Finds object (toy) hidden under container	0 - 1		
Points to one body part	1 - 2		
Points to self when asked "Where is Name?"	1 - 2		
Scribbles	1 - 2		
Copies a circle	2 - 3		
Names objects that make sounds	2 - 3		
Points to big and little upon request	2 - 3		
Points to boy and girl on verbal demand	3 - 4		
Tells if object is heavy or light	3 - 4		
Counts to 3 in imitation	3 - 4		
Copies triangle on request	4 - 5	✓	
Names 8 colors	4 - 5	✓	
Counts by rote 1-20	4 - 5	✓	
Names left and right on self	5 - 6	✓	
Says letters of alphabet	5 - 6	✓	
Names days of week in order	5 - 6	✓	
Remembers holidays and special events	6 - 7	✓	
Knows phone number or address	6 - 7	✓	
Recognizes danger signs	6 - 7	✓	
Makes correct change for $1.00	7 - 8		✓
Reads comics, magazines, books	7 - 8	some	
Initiates games	7 - 8		✓
Saves money for special purchases	8 - 9		✓
Belongs to "Clubs" or has "Best friend"	8 - 9	Best friend	
Goes to movies, ball games, etc. with other friends	8 - 9	✓	
Runs errands, takes messages	9 - 10	✓	
Plans vacation activities (ahead of time)	9 - 10	✓	
Uses a pay telephone	9 - 10	✓	

IV: LANGUAGE DEVELOPMENT:

Does your child have any difficulty in speaking? Yes _____ No ✓

If yes, describe. _____

Is your child able to express verbally his/her needs and desires? yes

Is your child's speech marked by any long pauses, repetitions, or difficulty getting words out? no

Does your child have difficulty in making you or anyone else in his/her environment understand him/her? no

Does your child appear upset when he fails to make himself understood? yes

Does your child seem to have difficulty paying attention? yes

Have you every suspected a hearing problem? no

V: PERSONAL DEVELOPMENT:

Describe your feelings and attitudes about this pregnancy and birth.

mother had high blood pressure and went into convulsion before and during delivery.

What was your age with this pregnancy? 28

Have you every had a miscarriage? Yes ✓ No _____ When? Before La Royce

Was this a full-term baby? Yes

Birthweight 6 lbs. 12 ozs.

Were you in labor longer than 10 hours? no

Were there any feeding problems or illnesses during the first months of life? He was very nervous at birth and had difficulty digesting his formula for three or four months

VI: DEVELOPMENTAL TASKS:

Tell me about your child's motor development Normal

Is your child's balance and coordination as good as other children the same age? Yes

Tell me when your child first:

Crawled He didn't crawl

Walked without help 11 Mo.

Was toilet trained 2 yrs.

Describe the kind of physical activity you allow your child to do at home: Whatever is normal for children his age

Tell me about your child's eating habits. He eats good

When did your child begin to feed him/herself independently? 12 Mo.

Does the family often eat together? No

Has your child had a recent weight loss or gain? No, but he is overweight

Does your child often skip breakfast? No

Does your child:

Use appropriate utensils when eating? Normal

Prepare his/her own sandwich?

Help clear the table?

Use knife for spreading?

Pour from a pitcher?

Use napkins?

Stab food with fork?

Tell me about your child's activities one hour before bedtime. Watching TV

Does your child have difficulty sleeping? No, but he talks a lot in his sle
(Nightmares, sleepwalking, etc.)

Does your child need medication to sleep? No If yes, what is taken? _____

Does your child get at least 8-9 hours sleep each night? Yes

Is your child in the habit of thumbsucking at bedtime? No

Are your child's bowel-bladder habits normal? Yes

VII: FAMILY RULES:

YES	NO	
✓		Has regular routine chores? What are the chores? He helps with housework
		Are these completed? ✓
✓		Has limits on TV viewing?
✓		Has regular study time 3:30 PM Where? at the breakfast table
✓		Returns home from school at a set time? 3:00 P.M.
✓		Has a set time to come home at night?
✓		Is allowed to play anywhere in the neighborhood?
	✓	Is allowed to date?
✓		Cooperates with adult requests 75% of the time?
✓		Asks permission to use objects belonging to others 75% of the time?
✓		Joins in conversation at mealtime?
	✓	Participates in social activities? Not at the present time
✓		Has regular bedtime. 9:00 P.M.

VIII: CHILD'S FAMILY:

Has anyone else in your family had any learning problem or difficulty in school? no

Describe your child's relationship with other family members. Good

Please describe the activities that your family participates in or on a regular basis. Picnics, etc.

Which members of the family no longer live at home? —

List names of other family members or friends living in your home. —

Which member of your family does your child look up to the most? Mother

Do you have a concern about drug or alcohol use in your home or community? —

Have family members been involved in counseling (psychological, psychiatric?) no

Are there any health problems which have been passed from one generation to another?

(Diabetes, Sickle Cell etc.) Mother is diabetic

IX: FAMILY'S EDUCATIONAL EXPECTATIONS:

What are the goals for your child in terms of education? (This is not to be interpreted as a commitment.)

To be able to learn and cope with this world

Language: _____

Learning: _____

Socialization: _____

Physical Education: _____

Vocational: _____

Behavioral: _____

x Johnnie Smith
Signature of person providing information

ADAPTIVE BEHAVIOR SCALE ADMINISTERED:

VINELAND Yes _____ No _____
date

SOMPA Yes _____ No _____
date

OTHER Yes _____ No _____
date

Norwood King
Home-School Coordinator

*COMMENTS: _____

*To be used by person supplying information and/or Home-School Coordinator

DEFENDANT'S EXHIBIT NUMBER 42

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

Part.

4.0
Page 1 of 4

JUN 9 1981

dallas independent school district

ARD/IEP COMMITTEE REPORT

1981

Note: Record deliberations on 3.0

Date 5-20-81

Name Tr Lisa Smith

Student Services No. 53817

D.O.B. 4-23-71

Identification No. 507954

Purpose of Meeting: Initial Eligibility/Entry ✓ Annual Review ____ Other (Specify) ____

Notice of meeting sent to parents by School Date 5-9-81

Parents provided copy of Parents and Students Rights for Special Education by
Home School Coordinator Date 5-20-81

REVIEW OF INDIVIDUAL EVALUATION: The following attached reports were reviewed (note date of report)

Medical 10-6-78 Psychological 5-6-81 Educational 5-6-81 Sociological 4-27-81
Vision 1-28-81 Hearing 1-29-81 Speech 5-81 Adaptive Behavior ____
Occupational Therapy ____ Physical Therapy ____ Other ____

Review of assessment data indicates the presence of a physical, mental, emotional or speech disability:
Yes ✓ No ____

Check the handicapping condition(s) the committee found applicable:

( ) Orthopedically Handicapped
( ) Other Health Impaired
( ) Auditorially Handicapped
( ) Visually Handicapped
( ) Deaf-Blind
( ) Mentally Retarded
( ) Emotionally Disturbed
(✓) Learning Disabled
(✓) Speech Handicapped
( ) Autistic
( ) Pregnant

If multiply handicapped, specify: Primary L.D. Secondary Speech

Review of assessment data indicates the (✓) presence ( ) absence of significant educational need. A report of student's specific learning competencies has been provided and reviewed by the ARD/IEP Committee: Yes ✓ No ____

INDIVIDUALIZED EDUCATION PROGRAM:

Current Educational Competencies (Functioning Levels) (Each area must be addressed)

List grade level or functional level for academic areas, pre-academic development or other areas of development:

Reading - grade level 1.8 - 2.4
Writing ability - grade level abilities
Arithmetic - grade level -

Physical abilities/disabilities which would affect participation in instruction and/or P.E.:

- none

Behaviors demonstrated which would affect educational programming:

Sometimes forgetful or daydreams, needs structure and supervision to stay on his work sometimes. Very out-going, eager to learn, easily motivated.

Skills demonstrated which may be prerequisite to participation in vocational education (if applicable): N/A at this age

...manent File
... — Parent/Guardian
... — Local School
...OLDENROD — Other

ARD/IEP COMMITTEE REPORT

Date 5/20/81

Name La Royce Smith I.D. No. 507954 Student Services No. 53817

ANNUAL GOALS: Address all areas that apply to the student's educational needs: Academic or Pre-academic (Language Arts, Math, other); Physical Education; Behavioral (Personal, Classroom, Social); Speech; Vocational; other

Increase reading comprehension to level 2.1

INSTRUCTIONAL SERVICES

	Subjects	Hrs/Wk	Beg.	End	Person Responsible
(✓ Regular	Math	5/WK	8/81	5/82	Reg. Teacher
	Science	3/WK	8/81	5/82	"
	Art	2/WK	"	"	"
	Music	3/WK	"	"	"
	Physical Ed.	2/WK	"	"	"
(✓ Special Ed	Language Arts	5/WK	"	"	"
	Social Studies	5/WK	"	"	"
	Reading	5/WK	8/81	5/82	Resource Teacher
(✓ Speech	Speech Therapy	1/WK	9/	5/80	Speech Clinician

( ) Vocational Education for Handicapped

Vocational Career Field

Cooperative Work Training

Describe specialized building modifications, personnel and instructional/adaptive equipment needed to implement the child's program:

N/A

PLACEMENT DECISIONS:

Level of Instruction: ( ) Pre-elementary (✓) Elementary ( ) Middle School ( ) Senior High

Campus Location: Type of Special Class Resource Room

...anent File
...Y – Parent/Guardian
...K – Local School
GOLDENROD – Other

ARD/IEP COMMITTEE REPORT

amp JUN 9 1981

Date 5/20/81

Name La Royce Smith I.D. No. 5C7954 Student Services No. 53817

RELATED SERVICES:
Describe related services to be provided to implement goals:

	Beg.	End	Person Responsible
( ) Transportation (Specify any needed adaptations)			
(✓) Other Speech Services	5/81	5/82	Speech Clinician

In brief narrative form, give justification for each service provided:

It is the opinion of the members of the committee that this child has not been placed in Special Education on the basis of: 1) only deficiencies identified as directly attributable to a different cultural life style, or to not having had education opportunities, or to not having achieved from previous educational experiences or 2) criteria which were developed solely on the command of the English language (for national origin, minority or linguistically different students only).

SIGNATURES OF THE COMMITTEE MEMBERS

I agree with decisions	I do not agree with all decisions (Comments must be attached)	Signature	
✓		Daniel Ray	Chairman/Administrator
✓		Johnnie Smith	Parent/Guardian
✓		Virginia A Phelps	Educational Liaison
			Diagnostician
✓		Norwood King	Home/School Coordinator
✓		Bethany H Vinis	Psychological Associate
			Health Professional
✓		Tammy Vinis	Special Education Teacher
✓		Pat Middleton	Speech Clinician
			OT/PT
			Representative of Visually Handicapped or Deaf Education
			Student
			Vocational Teacher
			Counselor
			Other

If parent or guardian was not present, designate person to follow-up with parent contact:

DEFENDANT'S EXHIBIT NUMBER 43

WHITE COPY — Special Education
CANARY COPY — Building Nurse
PINK COPY — Health Services

MAY 2 3 1981 Page 1 of

XX

dallas independent school district

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Date

Name of Student: Smith Albert Sex M

Birth Date: 04-23-71 Ethnic Group: B

School: T. L. Hill

Dear Parent:

We are attempting to determine if your child needs special help in school. Part of the information considered in this determination is the health of your child. It will be necessary for you to take him (her) with these papers to your physician or clinic for a medical evaluation. Please sign the release form below granting the doctor permission to report his findings to my office.

To the Physician:

We would greatly appreciate the report of your medical evaluation. You are requested to mail the information on the enclosed form to my office.

This information will help us to determine the proper school placement for this child.

Sincerely yours,

R M Adams M.D.

Richard M. Adams, M. D.
Director — School Health Services
Dallas Independent School District

Release: I hereby grant permission for you to report your findings to Richard M. Adams, M. D., Director, School Health Services, Dallas Independent School District, 3700 Ross Avenue, Dallas, Texas, 75204.

See 2.0.

Signature of Parent or Guardian

WHITE COPY — Special Education
CANARY COPY — Building Nurse
PINK COPY — Health Services

HISTORY AND PHYSICAL EXAMINATION amp

SCHOOL HEALTH SERVICES

Name of Child Smith Jackie J. Date of Examination 9-15-8

Grade 3C Entrance Interim Periodic

MEDICAL HISTORY	Negative	Positive	Describe Fully Any Positive Findings
Current Health Problems		✓	O.C. Hearing & x 3 years. Hx. of recurrent allergic rhinitis. (Chronic) Last seen by this doctor 3/81 for recheck. Takes Rx meds. as a needed basis.
Significant Past History (Birth, Development, etc.)		✓	9 mos. Isolation & Neonatal death Convulsion during fever & trauma. Frontal & occip. HA. Recent hem. and nasal bleeding before this hospitalization.
Review of Systems		✓	Immunizations up to date. Last PPD 6/81 12 mm. Para III Grandfather TB 30's Last chest x-ray 3/81 at child health conf.
Pertinent Family/Social History		✓	Child lives w/ Mother & Father & younger brother. Mother works as nurse. No. nurse's baby. Appetite O.K. Hx. of tonsillectomy & adenoidectomy 1/81 for recurrent tonsillitis. Recent family stress. Parents divorced. Father lives in home for [illegible] Adenoids regrown.

PHYSICAL EXAMINATION

HEIGHT	WEIGHT	VISION 1/81				HEARING 1/81	
		Without Glasses		With Glasses		Right	Left
55 1/2 in. / cm.	69 1/2 lbs. / kg.	Right 20/ 30	Left 20/ 30	Right 20/	Left 20/	15/20	15/20
50 % ile	98 % ile					Method Used:	Whisper

Head circumference: [redacted] cm. 54

([redacted] % ile) 50

B.P. 110/70 P 88 R ___

GENERAL	Normal	Abnormal	Not Examined	
Head	✓			
	✓			[illegible]
Eyes: Pupils	✓			
Fundi	✓			
Muscles	✓			
Ears	✓			
Nose-Throat		✓		mouth breathing
Teeth	✓			Amalgam fillings
Lungs	✓			[illegible]
Heart	✓			

To Be Completed by Physician

WHITE COPY — Special Education
CANARY COPY — Building Nurse
PINK COPY — Health Services

asp

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child [illegible] Date of Examination 9-15-8

To Be Completed By Physician

	Normal	Abnormal	Not Examined	Describe Fully Any Abnormal Findings
GENERAL *(Continued)*	✓			[illegible]
Genitalia and Abdomen	✓			[illegible]
Bone-Joint Muscle	✓			[illegible]
Skin	✓			[illegible]
NEUROLOGICAL				
Orientation	✓			[illegible]
Cooperation	✓			
Behavior		✓		[illegible]
Gait/Balance	✓			[illegible]
Coordination:				
Gross		✓		[illegible]
Fine	✓			[illegible]
Sensory	✓			[illegible]
Reflexes	✓			[illegible]
Cranial Nerves	✓			
Speech			✓	[illegible]

Please circle:

1) This patient (does/~~does not~~) have evidence of seizure disorder, significant hyperactivity or progressive neurologic disease.

2) This examination (does/~~does not~~) suggest the presence of static neurologic deficit or developmental delay.

Explanation: presence one soft sign

Form [illegible]

WHITE COPY – School Registrar
CANARY COPY – Building Nurse
PINK COPY – Health Services

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child [illegible] Date of Examination 9-15-81

MEDICAL ~~DIAGNOSIS~~: IMPRESSION: (1) L. Problems by hx
(2) Allergies by hx ? wind dust, atopic skin
RECOMMENDATIONS: (3) Sl. fatty obese, wt 98% for ht/age
(4) Eye PE (5) Postop neuro & cog expectancy: behavior,
presence one soft sign, High risk factors include
Educational Implications: ☐ Yes ☐ No maternal diabetes & convulsion during labor, infant
& extended hospital stay.

Explanation:

Possible Organic cause for learning problems –
see # (5)

Will follow-up be needed?
☒ Yes ☐ No

When? PRN

School PN F/U
Inch line & CNO's pts,
see # (3)

Signed R M Adams M.D.
(Physician)

RMADAMS MD
(Name Printed)

3700 Ross Ave Dallas, Tx.
(Address)

75204 824-1620
(Zip Code) (Telephone)

Thank you for providing this information. It will be helpful in making the appropriate recommendation for school placement.

PATRICIA McDONALD, R.N.—C.
SCHOOL NURSE PRACTITIONER
DISD. — 3700 ROSS AVE.
824-1620 EXT. 497

Sincerely yours,

R M Adams M.D.

Richard M. Adams, M. D.
Director — School Health Services
Dallas Independent School District

DEFENDANT'S EXHIBIT NUMBER 44

ARD/IEP COMMITTEE REPORT

Date 2/19/82

.me La Royce Smith I.D. No. 507754 Student Services No. 53?

ANNUAL GOALS: Address all areas that apply to the student's educational needs: Academic or Pre-academic (Language Arts, Math, other); Physical Education; Behavioral (Personal, Classroom, Social); Speech; Vocational; other

Baseline: 5/82 Peabody PVT-R demonstrated a 3 year, 6 month deficit as compared to chronological age in the area of receptive vocabulary skills. The TOLD also demonstrated the same measurable deficit and also indicated a severe deficit in grammatic completion. A 2 year deficit was demonstrated in oral language.

Annual Goals: 1) To raise La Royce's receptive and expressive vocabulary by one year as determined by post testing of above mentioned test. 2) To improve La Royce's syntax skills by 6 months as demonstrated on post testing.

INSTRUCTIONAL SERVICES

	Subjects	Hrs/Wk	Beg.	End	Person Responsible
( ) Regular					
( ) Special Ed					
(X) Speech	Language Therapy	1/wk	9/18/81	5/82	[illegible]
( ) Vocational Education for Handicapped					
Vocational Career Field					
Cooperative Work Training					

Describe specialized building modifications, personnel and instructional/adaptive equipment needed to implement the child's program:

PLACEMENT DECISIONS:

Level of Instruction: ( ) Pre-elementary (X) Elementary ( ) Middle School ( ) Senior High

Campus Location: T.C. Terry Type of Special Class Speech/Lang. Therapy

Guardian
– Other

ARD/IEP COMMITTEE REPORT

Date

me La Royce Smith I.D. No. 507954 Student Services No. 53817

RELATED SERVICES:
Describe related services to be provided to implement goals:

	Beg.	End	Person Responsible
( ) Transportation (Specify any needed adaptations)			
( ) Other			

In brief narrative form, give justification for each service provided:

It is the opinion of the members of the committee that this child has not been placed in Special Education on the basis of: 1) only deficiencies identified as directly attributable to a different cultural life style, or to not having had education opportunities, or to not having achieved from previous educational experiences or 2) criteria which were developed solely on the command of the English language (for national origin, minority or linguistically different students only).

SIGNATURES OF THE COMMITTEE MEMBERS

I agree with decisions	I do not agree with all decisions (Comments must be attached)	Signature	
		Daniel A Ross	Chairman/Administrator
			Parent/Guardian
			Educational Liaison
			Diagnostician
			Home/School Coordinator
			Psychological Associate
			Health Professional
✓		Tammy Vines	Special Education Teacher
✓		Tawni Greenberg	Speech Clinician
			OT/PT
			Representative of Visually Handicapped or Deaf Education
			Student
			Vocational Teacher
			Counselor
			Other

If parent or guardian was not present, designate person to follow-up with parent contact: Speech Therapist

DEFENDANT'S EXHIBIT NUMBER 45

WHITE — Appraisal Team,Central File
CANARY — Local School
PINK — Appraisal Team
GOLDENROD — Parent

4.2

dallas independent school district

ADMISSION, REVIEW AND DISMISSAL REPORT

MAY 25 1982

SPECIAL EDUCATION

ANNUAL REVIEW/END-OF-YEAR SUMMARY REPORT

Date of Review 4-6-82

Student's Name Kakayla Smith Date of Birth 4-23-71

Student Services No. 53817 Student ID No. 507954

Address 7427 Brierfield Home Elementary School Terry

Parent's Name M/M Terry Smith Telephone No. 224-7690

Name of Current School Terry Grade Placement for Next Year 5

RECOMMENDATIONS

☑ Current instructional arrangement Resource: reading & Speech

☑ Continuation in program with no changes

☐ Change in instructional arrangement. Specify _____

☐ Change in eligibility category. Specify: From — _____ : To — _____

☐ Schedule Re-evaluation by 5-84

☐ Dismiss from Special Education. Specify reasons: _____

Comments on any of the above: Referral is being made for psychological consultation.

☐ Eligible for Transportation on Basis of _____

☑ Name of Parent, Guardian, or Surrogate in Attendance and Advised of Recommendations:

Mrs. Johnnie Smith Parent did attend

☑ Parent Not Present and Advised of Recommendations by Teacher Date _____

Admission, Review and Dismissal Committee:

Chairperson Pamela C Rose — Administrator

T. G. Terry — School

_____ — Nurse

Louise Scott — Diagnostician

_____ — Counselor

Laura Greenberg — Speech Clinician

B. Quinn — Psychologist

Tammy Vines — Special Education Teacher

Norwood King — Home-School Coordinator

Form SE-35—10M—9740—81

WHITE — Central File
CANARY — Local School
PINK — Teacher
GOLDENROD — Parent

Date
Mo. Day Yr.

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INDIVIDUALIZED EDUCATIONAL PROGRAM

Student _____ (Last) _____ (First) _____ (Middle) DOB 7 23 71 (Mo. Day Yr.)

School _____ ADAPTIVE EDUCATION NO. 53817

PRESENT LEVEL OF PERFORMANCE (as identified by formal and informal assessment)

GOALS (OBJECTIVES) LONG TERM — PRIORITIZED

PLACEMENT RECOMMENDATIONS AND JUSTIFICATION: (Least restrictive environment)

Portion of Time in Regular Classrooms: L.A., Math, Soc. Studies, Art, Music, P.E.

Individualized Educational Planners (signature)	Relationship to Student	Date	Individualized Educational Planners (signature)	Relationship to Student	Date

Form SE-34-20M-846-78

DEFENDANT'S EXHIBIT NUMBER 46

WHITE — District Office
CANARY — Local School
PINK — Parent

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MAY 26 1983

Admission, Review and Dismissal
Individualized Educational Program
Committee Report

Date April 6, 1983

Name LaRoyce Smith I.D. No. 507954 Student Services No. 538174

Date of Birth 04-23-71 School J. D. Terry Grade 5th

Parent/Guardian Leroy Smith Phone Numbers: Bus. _____ Home _____

Home Address 7407 Brierfield K-3 School Terry

Notice of meeting sent to parents by Sandra Windsor Date 3-28-83 & 4-19-83

Purpose of ARD/IEP Meeting Annual Review Date 4-7-83

I. The Committee reviewed the following data:

A. Assessment Reports reviewed and attached:

NA

B. Assessment data or information from the parent or student:

NA

C. Assessment data or information from other school personnel:

NA

D. Current instructional arrangement: Resource Room (Reading) & Speech

II. The committee decided that the student

____ did not meet any specific eligibility criteria at this time.

__X__ met the specific eligibility criteria for L.D. / Speech
(Handicapping condition(s))

The discussion of eligibility included the following points (specify points and persons making them):

NA

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amp

Admission, Review and Dismissal/
Individualized Educational Program
Committee Report

Date 4-28-83

Name Lakeyia Smith I.D. No. 507934 Student Services No. 53817

III. The committee decided that this student

✓ needs special education services because of the handicapping condition(s) cited above.

___ does not need special education services at this time.

The discussion of need for services included the following points (specify points and persons making them):

aA

IV. The committee ensures that this student is not assigned to special education on the basis of criteria which were developed solely on the command of the English language.

✓ Yes ___ No

V. The committee ensures that this student was not placed in special education if the only deficiencies identified are directly attributable to:

A. a different cultural lifestyle ✓ Yes ___ No

B. not having had educational opportunities ✓ Yes ___ No

C. not having achieved from previous educational experiences ✓ Yes ___ No

Discussion:

N A

VI. Present competencies are identified in the attached Stage III assessment report in each of the following areas: ✓ Academic/Developmental, ___ Behavioral, ___ Physical, ___ Vocational.

Discuss additional competencies identified below:

N A

4918-83-E

DEFENDANT'S EXHIBIT NUMBER 47

08-9250-0103-00
Form SE-89—20M—7046—83-S

WHITE — District Office
CANARY — Local School
PINK — Parent

dallas independent school district

Admission, Review and Dismissal
Individualized Educational Program
Committee Report

Date 5-9-84 / 4/25/84

Name LaRoyce Smith I.D. No. 507971 Student Services No. 53817

Date of Birth 4/23/71 School T. G Terry Grade 6th

Parent/Guardian Leroy Smith Phone Numbers: Bus. _____ Home 224-7690

Home Address 7427 Brierfield Dr. K-3 School Terry

Notice of meeting sent to parents by Mrs S. Windsor Date 3-26-84

Purpose of ARD/IEP Meeting Annual Review Date 5-9-84

I. The Committee reviewed the following data:

A. Assessment Reports reviewed and attached:
Woodcock-Johnson 5-31
5-31 WISC-R DC EE

B. Assessment data or information from the parent or student:
NA

C. Assessment data or information from other school personnel:
Brigance Reading 4/2

D. Current instructional arrangement: Reading - Resource Room

II. The committee decided that the student

___ did not meet any specific eligibility criteria at this time.

✓ met the specific eligibility criteria for LD
(Handicapping condition(s))

The discussion of eligibility included the following points (specify points and persons making them):

AT
034-00
90—3M—7047—83-S

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WHITE — District Office
CANARY — Local School
PINK — Parent

dallas independent school district

Admission, Review and Dismissal/
Individualized Educational Program
Committee Report

Date 4/25/84

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53817

III. The committee decided that this student

✓ needs special education services because of the handicapping condition(s) cited above.

____ does not need special education services at this time.

The discussion of need for services included the following points (specify points and persons making them):

Continues to need special education

IV. The committee ensures that this student is not assigned to special education on the basis of criteria which were developed solely on the command of the English language.

✓ Yes ____ No

V. The committee ensures that this student was not placed in special education if the only deficiencies identified are directly attributable to:

A. a different cultural lifestyle ✓ Yes ____ No

B. not having had educational opportunities ✓ Yes ____ No

C. not having achieved from previous educational experiences ✓ Yes ____ No

Discussion:

VI. Present competencies are identified in the attached Stage III assessment report in each of the following areas: ✓ Academic/Developmental, ____ Behavioral, ____ Physical, ____ Vocational.

Discuss additional competencies identified below:

DEFENDANT'S EXHIBIT NUMBER 49

WHITE – Central File
CANARY – Local School
PINK – Parent

Dallas Independent School District

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SCHOOL ADMINISTRATION BUILDING 3700 ROSS AVE.

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING
ANNUAL REVIEW SUMMARY

Date: 5-28-86

Student: Smith, Laroyce L. I.D. #: 507954 S.S. #: 53817

Birth Date: 4-23-71 School: D. A. Hulcy Grade: 8

Parent/Guardian: Leroy Smith Phone Numbers: Bus. 788-7431 Home: 224-7690

Home Address: 7427 Brierfield Dr. Dallas 75232 K-3 School: Jerry

Notice of meeting sent to parents by Pamela Skinner (Name of sender) Date: 5/19/86

Current Unit Type: LR Eligibility: no longer qualifies

Re-Eval. Due date: NA

I. The Committee reviewed the following data: (Annual assessment of present competencies.)

A. Instrument(s) _____ Most recent test date _____

Curriculum Area	Grade Equivalent	Curriculum Area	Grade Equivalent Developmental Level
☐ Reading	____	☐ Self-Help Skills	ITBS
☐ Mathematics	____	☐ Gross Motor	Rdg 8.3
☐ Written Language	____	☐ Fine Motor	WL 5.8
☐ Oral Language	____	☐ Other ____	math 6.6

B. Additional Information: The student was recommended to be placed out of sp. ed at the end of the 1986 School year

C. Strengths & Weaknesses:

D. Physical: The student ☐ does not ☐ does (see attachment) exhibit physical difficulties that affect participation in the educational setting.

E. Behavioral: The student ☐ does not ☐ does (see attachment) exhibit behavioral problems that affect participation in the educational setting. Regular school disciplinary procedures may be followed with this student.
☐ Yes ☐ No (See attachment.)

F. Prevocational/Vocational (when appropriate):

II. Recommendations of ARD Committee:

☐ Continuation in program with no changes.

☐ Change instructional arrangement. Specify: From _____ To _____

☐ Eligible for special transportation on the basis of _____.
Specify pick-up and/or delivery address if different from above:

_____

☐ Change eligibility category. Specify: From _____ To _____ (see required documentation for discussion of eligibility)

☑ Dismiss from special education. Specify reasons: prior recommendation, does not qualify

III. The committee ensures that this student is not assigned to special education on the basis of criteria developed solely on command of the English language; on deficiencies identified as directly attributable to a different culture, lifestyle, lack of educational opportunities; and is in the least restrictive environment. Discussion (if applicable):

WHITE — Central File
CANARY — Local School
PINK — Parent

Dallas Independent School District

Page ____ of ____

ARD/IEP COMMITTEE REPORT: Individual Education Program
ANNUAL GOALS AND SHORT-TERM INSTRUCTIONAL OBJECTIVES
FOR INDIVIDUAL INSTRUCTIONAL PLAN

☐ Draft _____ Date

☐ Accepted by ARD _____ Date

Student: Laroyce L. Smith I.D. #: 507954 S.S. #: 533517

Birth Date: 4/23/71 School: DA Hulcy Grade: _____

IV. ☑ Instructional Services: ☐ Related Services: Specify: Resource / Self Contained if needed

Duration of Services: from 8/86 (MDY) to 6/87 (MDY) Responsible Implementator (title only): Special Education Teacher

Goal Area: Lang Arts
Instructional Level: 9.0

Annual Goal: Laroyce will improve his language arts skills to appropriate grade level

SHORT TERM OBJECTIVES
The student will be able to:

	Circle Review Code and Evaluation Criteria	Date of Review	EVALUATION CRITERIA (PERFORMANCE STANDARDS MEASURING INSTRUMENT)
(1) use comprehension skills to understand whatever is read	A B C D E / 1 2 3 4 5		A. Brigance Inventory
(2) spell new and familiar words	A B C D E / 1 2 3 4 5		B. Teacher Observation
(3) use basic language rules while reading and writing	A B C D E / 1 2 3 4 5		C. Teacher made tests
	A B C D E / 1 2 3 4 5		D. Informal Inventories
	A B C D E / 1 2 3 4 5		E. Other: _____
	A B C D E / 1 2 3 4 5		With ____ % accuracy

Goal Area: _____
Instructional Level: _____

Annual Goal:

SHORT TERM OBJECTIVES
The student will be able to:

	Circle Review Code and Evaluation Criteria	Date of Review	EVALUATION CRITERIA (PERFORMANCE STANDARDS MEASURING INSTRUMENT)
	A B C D E / 1 2 3 4 5		A. Brigance Inventory
	A B C D E / 1 2 3 4 5		B. Teacher Observation
	A B C D E / 1 2 3 4 5		C. Teacher made tests
	A B C D E / 1 2 3 4 5		D. Informal Inventories
	A B C D E / 1 2 3 4 5		E. Other: _____
	A B C D E / 1 2 3 4 5		With ____ % accuracy

Review Codes
1. Mastered
2. Continued — progress satisfactory
3. Continued — progress unsatisfactory
4. Continued with modifications as indicated and attached
5. Discontinued — inappropriate

Attach additional goals as needed.

Comments attached: yes _____ no _____

40

WHITE — Central File
CANARY — Local School
PINK — Parent

Dallas Independent School District

Page ___ of ___

SCHOOL ADMINISTRATION BUILDING 3700 ROSS AVE.

ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEETING
ANNUAL REVIEW SUMMARY

Student: Smith, Larryse L. I.D. #: 507 954 S.S. #: 53817

V. Schedule of Services (List content areas/courses.)

A.

Special Education	Amount of time per day/week
Related Services	
Speech	
OT/PT	
Transportation	
Other	

Regular Education: If applies	Amount of time per day/week
Language Arts/English CLAI	5
Mathematics Form I	5
Social Studies/History WHS	5
Science/Health Into Phys.	5
Physical Education	5
Fine Arts	
Non-Academics/Electives	
Other	
Reading Lab	5
Study Hall	5

B. Modification recommended for regular, remedial and supportive programs: ☐ Yes ☑ No
(See attached page if answer is yes.)

C. The committee considered whether the student could meet the goals and objectives in each of the following instructional arrangements and services:

- ✓ Regular education only
- ___ Regular education with modifications
- ___ Regular education with support from special education
- ___ vocational program
- ___ special education class program
- ___ Special transportation
- ___ therapy
- ___ Services for auditorially handicapped (AH)
- ___ Orientation and Mobility (VH)
- ___ Vision training/instruction
- ___ Adaptive equipment
- ___ Other (specify)

D. The committee recommends placement in [redacted] name of program at [redacted] name of local school

Circle appropriate instructional arrangement code: A E F G H I M N O P Q

E. For the visually handicapped, auditorially handicapped, or autistic students, the committee has completed and attached additional IEP requirements. ☐ Yes ☐ No

F. See additional deliberation attached. ☐ Yes ☐ No

VI. I have participated in all the decisions listed on this and preceding pages of this report:

SIGNATURE	POSITION	COMMITTEE DECISIONS: AGREE	DISAGREE (comments must be attached)
Robert C Collins	*Administration	✓	
	*Parent		
	*Instruction		
J.K. Pinkney	*Special Education	✓	
L. McMahon	*Assessment[1]	✓	
	Health Professional		
	Speech Clinician		
Larryse Smith	Student	✓	
Gloria Boyd	Others		

*Required for decision
Assessment[1] personnel are required when interpretations of assessment data are being considered.

VII. The parent/guardian was not present. Person designated to follow-up with parent contact is Pinkney.

Dallas Independent School District

amp Attachment B

REGULAR TEACHER REPORT

Annual Reviews 19__

I. Student Name: Lawrence L Smith Grade: 8

II. Academic Progress: (Check and fill in all appropriate areas)

Area	Grade Level	Grade Currently
✓ Reading	8	7o
___ Math		
___ Spelling		

Instrument used to measure academic progress listed above Testing

III. Are there any service changes which should be considered at this time? ___ Yes ✓ No

If yes, please describe:

IV. Recommendations regarding grading, promotion, and retention are as follows:

Promotion

Dallas Independent School District

DISD

RESPONSE TO THE NOTICE OF THE ARD COMMITTEE MEETING

(To be completed by the parent)

Please complete the PARENTAL RESPONSE FORM and return as soon as possible to:

Staff Member Pamela Skinner School D.A. Hulcy Middle School

Address 9339 S. Polk Dallas, Tx. 75232

If you wish to have more information or wish to ask any questions, please call:

Staff Member Pamela Skinner Telephone Number 224-3529

Cut on this line and return this part:

PARENTAL RESPONSE TO THE NOTICE OF THE ARD COMMITTEE MEETING

Please check [X] one box to show your response to our invitation to attend the meeting.

- ☐ I will be able to attend the meeting on May 28, 1986 (Date) at 1:55 p.m. (Time)
- ☐ I would like to attend the meeting but will not be able to come when the meeting is planned.
- ☐ I will call Pamela Skinner (Staff Member), at 224-3529 (Telephone Number) to make plans for a date and time when I will be able to attend.
- ☐ I will not attend the meeting. I understand that I will be contacted regarding the recommendations of the ARD Committee.
- ☐ I would like for my child to attend at least part of the meeting.

Please check the YES box if the following statement is correct. Check NO if it is not correct.

☐ YES ☐ NO I have been given a copy of the booklet, PARENT AND STUDENT RIGHTS TO A SPECIAL EDUCATION, 1983. A school staff member has explained each section of this booklet to me, including pages _____

_____ _____
Signature of Parent, Guardian, or Surrogate Parent — Date

_____ _____
Signature of Interpreter (if used) — Date

_____
Name of Student

WHITE – Cumulative Files
CANARY – Local Files
PINK – Parents

Dallas Independent School District

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SUBJECT: NOTICE OF THE ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

To: Mr. Leroy Smith (Name of Parent) Regarding Laroyce Smith (Name of Student) Date 5/19/86

From Staff Members of D.A. Hulcy Middle School (Name of School) S.S. # 53817

We would like to invite you to attend a meeting to discuss the education programming for your child. This is an ARD/IEP Committee Meeting. ("ARD/IEP" stands for Admission, Review, Dismissal/Individual Education Plan). If the Committee determines a child is eligible for Special Education, an Individual Education Plan (IEP) is developed. The committee also meets at least annually to review the child's progress in Special Education and to update the IEP. You are a member of this committee that meets to review the evaluation, tests, and academic progress of your child. Your child may also be present at this meeting.

The following persons are asked to attend the meeting:

NAME	POSITION	REPRESENTING
		Parent of Student
		School Administrator
		Special Education
		Regular Education
		Special Education Assessment
		Vocational Education
		Other

The purpose of this meeting is to review and discuss Laroyce Smith (Name of Student)

☐ Education Progress ☐ Educational Evaluation Results ☐ Education Program ☐ Educational Placement

The above action(s) are being considered because:

____ The student is working above/below grade level in one or more basic skills.
____ The student's behavior is inconsistent with that expected for other students the same age/grade.
____ The student's rate of progress has ____ increased ____ decreased.
____ The assessment reports are ready for review.
____ More appropriate service is available at alternate location.
____ Other (Please specify and describe) _____

The following assessment data and other information will be reviewed and discussed:

____ Classroom Observation
____ Report Card
____ *Medical Report
____ Information from Parent
____ *Group Achievement Test Scores
____ *Individual Achievement Test Scores
____ Teacher Reports
____ School Permanent Records
____ School Health Records
____ *Individual Psychological Instruments
____ *Independent Evaluation

We have tried to schedule the meeting at a time that is convenient to you and the school. The meeting will be held:

5/28/86 (Date) 1:55 (Time) Counselors' (Room) D.A. Hulcy School (Building) 9339 S. Polk (Address)

*Explanation or name of tests, name of physician, and/or name and procedure of independent evaluators are as follows:

_____

_____

Dallas Independent School District

Attachment A

Individualized Educational Plan for Annual ARD Review

I. Lance L Smith — [illegible] — 53517 — C A Hulcy — [illegible]
Student's Name — I.D. # — S.S. # — School — Grade (now)

A. Student's current placement: ___TC, ___DLS, ___SC, ___Pre-Voc, ___WAC, ___EC, ___DC, ___ALC, ___VAC,
X RR (Subj. in RR) Language Art

B. Special Classes: ___Chapter I, ___Bilingual, ___Local Remedial Program, ___Compensatory Reading, ___Desegregation Program

II. Academic Progress (Individual or Group Test, i.e. Brigance, Classroom Learner Standards, ITBS, TABS)
Instrument(s) April, 1994 Most recent test date.
(Teacher should attach test results)

Goal Area	Grade/Developmental Level
✓ Reading	ITBS 8.3
___Math	
✓ Written Language	ITBS 5.8 (Spelling)
___Oral Language	
___Self-Help Skills	
___Gross Motor	
___Fine Motor	
___Other	

Were IEP objectives satisfactorily met this year? ___Yes ✓ No
If no, circle all that apply:
A. Attendance B. Unexcused absence C. Lack of cooperation D. Inappropriate level of objectives
E. Limited/lack of motivation F. Other

III. Behavioral progress
A. Has student had discipline problems this year? ___Yes ✓ No
B. Instrument used for assessment (please attach):
C. Most Successful behavior management techniques used?
D. Unsuccessful behavior management techniques?

IV. Related services for the coming year: ___OT, ___PT, ___Adaptive PE, ___Speech, ___Vision, ___Transportation, ___Auditory

V. Vocational training (secondary schools only)
A. ✓ Recommended ___Not recommended ___In progress
B. Level of Vocation Services recommended:
Assessment Level ✓ 1 ✓ 2 ___3
Training: ___Magnet ___Local ___Pre-Voc ___WAC

V. Are there any service changes which should be considered at this time?
✓ Yes ___No If yes, describe: Lance has failed most of his classes CKP
he should be considered for self contained placement

Person completing form — Position — date
List attachments sent to central file:

CK Putney
Resource Teacher
May 21 1994

TEXAS EDUCATIONAL ASSESSMENT OF MINIMUM SKILLS

CONFIDENTIAL STUDENT REPORT

STUDENT: SMITH LAROYCE L
DATE OF BIRTH: 04/23/71
DISTRICT STUDENT ID: 507954
DISTRICT: 057-905 DALLAS ISD
CAMPUS: 023 CARTER H S
CLASS GROUP: FISHER
REPORT DATE: MAY 1987
DATE OF TESTING: FEBRUARY 1987
GRADE: 09

SUBJECT AREAS TESTED	OBJECTIVES	MASTERY	ITEMS CORRECT
MATHEMATICS	1.EQUIVALENCIES	-	1
	2.FRACTIONS (+,-)	-	2
	3.DECIMALS (×,÷)	-	4
	4.WORD PROBLEMS (+,-,×,÷)	YES	1
	5.WORD PROBLEMS (RATIO, PROPORTION, PERCENT)	-	3
	6.PERSONAL FINANCE PROBLEMS	-	2
	7.WORD PROBLEMS (MEASUREMENT UNITS)	YES	3
	8.AREA OF RECTANGLES, TRIANGLES	YES	3
	9.PROBABILITY	-	2
	10.CHARTS, GRAPHS	-	0
	11.FORMULAS	-	1
	TOTAL OBJECTIVES MASTERED: 3	TOTAL ITEMS CORRECT: 19	SCALED SCORE: 637
READING	1.MAIN IDEA	-	1
	2.MEANING OF WORDS	YES	3
	3.SPECIFIC DETAILS	-	2
	4.SEQUENCING OF EVENTS	YES	4
	5.DRAWING CONCLUSIONS	-	2
	6.FACT, OPINION	-	2
	7.CAUSE-AND-EFFECT	-	1
	8.GENERALIZATIONS	-	2
	9.AUTHOR'S POINT OF VIEW	-	2
	10.REFERENCE SOURCES	YES	4
	11.GRAPHIC SOURCES	YES	4
	TOTAL OBJECTIVES MASTERED: 4	TOTAL ITEMS CORRECT: 27	SCALED SCORE: 671
WRITING	1.CAPITALIZATION	YES	3
	2.PUNCTUATION	-	2
	3.SPELLING	YES	4
	4.CORRECT ENGLISH USAGE	-	2
	5.SENTENCE STRUCTURE	-	2
	6.PROOFREADING	YES	3
	MULTIPLE-CHOICE OBJECTIVES MASTERED: 3	TOTAL ITEMS CORRECT: 16	
	PERSUASIVE WRITTEN COMPOSITION RATING: 1		SCALED SCORE: 575

DEMONSTRATED MASTERY OF MINIMUM GRADE NINE [redacted]

DEMONSTRATED MASTERY OF MINIMUM GRADE NINE READING [redacted]

DEMONSTRATED MASTERY OF MINIMUM GRADE NINE [redacted]

DEFENDANT'S EXHIBIT 5

5067-03373-19185

46

TEXAS EDUCATIO
C

STUDENT: SMITH LAROYCE L DISTRICT:

DATE OF BIRTH: 04/23/71 CAMPUS:

DISTRICT STUDENT ID: 507954 CLASS GR

SUBJECT ASSESSED	OBJECTIVES
	1.EQUIVALENCIES 2.FRACTIONS (+,-) 3.DECIMALS (x,÷) 4.WORD PROBLEMS (+,-,x,÷) 5.WORD PROBLEMS (RATIO, PROPORTION 6.PERSONAL FINANCE PROBLEMS 7.WORD PROBLEMS (MEASUREMENT UNITS 8.AREA OF RECTANGLES, TRIANGLES 9.PROBABILITY 10.CHARTS, GRAPHS 11.FORMULAS
	TOTAL OBJECT
	1.MAIN IDEA 2.MEANING OF WORDS 3.SPECIFIC DETAILS 4.SEQUENCING OF EVENTS 5.DRAWING CONCLUSIONS 6.FACT, OPINION 7.CAUSE-AND-EFFECT 8.GENERALIZATIONS 9.AUTHOR'S POINT OF VIEW 10.REFERENCE SOURCES 11.GRAPHIC SOURCES
	TOTAL OBJECT
	1.CAPITALIZATION 2.PUNCTUATIO 3.SPELLING 4.CORRECT ENGLISH USAGE 5.SENTENCE STRUCTURE 6.PROOFREADING
	MULTIPLE-CHOICE OBJECT

PERSUASIVE WRITTEN COMPOSITION RA

BEST AVAILABLE COPY

Referral to Consulting Services

1982 discipline

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

FORM 0

dallas independent school district

CONFIDENTIAL
(FOR PROFESSIONAL USE ONLY)
Page _____

Student Services
Professional Report

Student's Name Smith, Tiffany Joyce (Last, First, Middle) School T. J. Terry

Student Identification No. 507954 Student Services No. 5-817

Report by L Cain (Name of Person) Assoc. School Psychologist (Profession)

Date 4 6 82 (Month, Day, Year)

Referred for psychological evaluation:

Tiffany has been implicated in numerous thefts at school this year, primarily by the speech clinician's pupils. School contacts [illegible] parents

DEFENDANT'S EXHIBIT NUMBER 53

08-8150-0103-00
Form SE-89—20M—7046—83-S

Hulcy R.R.

WHITE — District Office
CANARY — Local School
PINK — Parent

dallas independent school district

JUN 22 1984

Admission, Review and Dismissal
Individualized Educational Program
Committee Report

Date 5-9-84 11/25/84

Name LaRoyce Smith I.D. No. 50795H Student Services No. 53817

Date of Birth 4/23/71 School T.G Terry Grade 6th

Parent/Guardian Leroy Smith Phone Numbers: Bus _____ Home 224-7690

Home Address 7427 Brierfield Dr. K-3 School Terry

Notice of meeting sent to parents by Mrs S. Windsor Date 3-20-84

Purpose of ARD/IEP Meeting Annual Review Date 5-9-84

I. The Committee reviewed the following data:

A. Assessment Reports reviewed and attached:
NA Woodcock-Johnson 5-81
5-81 WISC-R DD 88

B. Assessment data or information from the parent or student:
NA

C. Assessment data or information from other school personnel:
Brigance Reading 4.2

D. Current instructional arrangement: Reading - Resource Room

II. The committee decided that the student

___ did not meet any specific eligibility criteria at this time.

1 met the specific eligibility criteria for LD
Handicapping condition(s)

The discussion of eligibility included the following points (specify points and persons making them):

05-8850-0104-00
Form SE-90—20M—7047—83-S

WHITE — District Office
CANARY — Local School
PINK — Parent

dallas independent school district

Admission, Review and Dismissal/
Individualized Educational Program
Committee Report

Date 4/25/84

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53817

III. The committee decided that this student

✓ needs special education services because of the handicapping condition(s) cited above.

___ does not need special education services at this time.

The discussion of need for services included the following points (specify points and persons making them):

A

Continues to need special education

IV. The committee ensures that this student is not assigned to special education on the basis of criteria which were developed solely on the command of the English language.

✓ Yes ___ No

V. The committee ensures that this student was not placed in special education if the only deficiencies identified are directly attributable to:

A. a different cultural lifestyle ✓ Yes ___ No

B. not having had educational opportunities ✓ Yes ___ No

C. not having achieved from previous educational experiences ✓ Yes ___ No

Discussion:

A

VI. Present competencies are identified in the attached Stage III assessment report in each of the following areas: ✓ Academic/Developmental, ___ Behavioral, ___ Physical, ___ Vocational.

Discuss additional competencies identified below:

N.

09-8650-0105-00
Form SE-91—40M—7048—83-S

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/Individualized Educational Program Committee Report

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53817 Date 4/25/84

VII. IEP Development

A. ANNUAL GOALS AND SHORT TERM INSTRUCTIONAL OBJECTIVES

Goal # I: ~~Improve reading skills to 7.0 grade level~~ Implementor Resource Teacher
Position

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by:	*Review (1) Date	*Review (1) Code	Review (2) Date	Review (2) Code	Review (3) Date	Review (3) Code
	Improve Phonetic analysis	Baseline						
	Improve structural analysis							
	Improve Comprehension							
	Improve Vocabulary							

Goal # ____: _____ Implementor Resource Teacher

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by:	*Review (1) Date	*Review (1) Code	Review (2) Date	Review (2) Code	Review (3) Date	Review (3) Code
		Baseline						

Attach Additional Goals, as needed.

Comments attached: ____ Yes ____ No

*Review Codes
1. Mastered
2. Continued — progress satisfactory
3. Continued — progress unsatisfactory
4. Continued with modifications as indicated and attached
5. Discontinued - inappropriate

52

08-8850-0106-00
Form SE-92-20H-7049-83E

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Date 5-9-84

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53817

Educational Services		Hrs./wk.	Initiation Date	Anticipated Duration	Justification
Special Education (If placement is not available at home school, placement will need to be reviewed by Special Ed. Coordinator	Resource Reading	5 wk	8-27-84	5-85	clig
Related	Speech				
	Transportation "D" — "C"				
	Occupational Therapy				
	Physical Therapy				
	Counseling				
	Other				
Regular Education	Computer Literacy	5 [illegible]	8-27-84	1 SEM	
	Science	"		5-85	
	Soc. Stud	"			
	Math	"			
	A.E. Math	"			
	Elective	"	↓	↓	
Vocational Education					
Physical Education	REG	5 [illegible]	8-27-84	1 SEM	

Regular Program Adaptations	Recommendations Attached	Yes	✓ No
Adaptive Equipment or Building Modifications	Recommendations Attached	Yes	✓ No
Behavior Management Procedures	Recommendations Attached	Yes	✓ No

C Annual Review must be done by (DATE) 4-85
Re-evaluation must be done by (DATE) 5-84

08-8850-0107-00
Form SE-93-20M-7850-83E

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/
Individualized Educational Program
Committee Report

Date 4/25/84

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53817

D. During the development of the individual plan, the committee discussed alternative services and recommendations of individual committee members. A summary of that discussion is:

Student did not qualify for math when evaluated in 5-81. Re-evaluation due in fall '84

E. The committee ensures that the services outlined above constitute the least restrictive educational environment. ✓ Yes _____ No

VIII. For the visually handicapped or auditorially handicapped students, the committee has completed and attached additional IEP Requirements for Visually Handicapped and/or Auditorially Handicapped Students. _____ Yes _____ No.

IX. The ARD committee ensures that the parent(s) and/or student has had his/her rights explained to him/her, and that all procedural safeguards have been observed. ✓ Yes _____ No

X. I have participated in all of the decisions listed on the preceding pages on this data _____:

I agree with decisions	I do not agree with all decision (Comments must be attached)	Signature	
✓		[signature]	Chairman/Administrator
		[signature]	Parent/Guardian
			Educational Liaison
✓		Louise Scott	Special Education Assessment Specialist
			Visiting Teacher
✓			Health Professional
✓		Cassie Waterhouse	Special Education Teacher
			Speech Clinician
			OT/PT
			Representative of Visually Handicapped or Deaf Education
			Student
			Vocational Teacher
			Counselor
			Other

If parent or guardian was not present, designate person to follow-up with parent contact:

C. Waterhouse, Resource

Name and Position

Behavior
1984

Stage III assessment for
Annual ARD Review

I. LaRoyce Smith 507954 53817 Terry 5th
Student's Name ID# SS# School Current Grade

A. Student's current placement: __TC, __DLS, __SC, __Pre-VOC, ✓WAC, __EC, __Dev Cen, __ALC, __VAC, ✓RR (Subjects in RR) _____

B. Special Classes: __Chapter I, __Bilingual, __Local Remedial Program, Compensatory Reading

II. Academic Progress (Individual or Group Test; i.e. Brigance, ITBS, TABS, TAPS, ABC)
Instrument Brigance Pre-test date 8/83 Post test date 4/84
(Check and fill in all appropriate areas assessed)

	Area	Grade Level
✓	Reading	4½
	Math	
	Written Language	
	Oral Language	
	Self-help Skills	
	Gross Motor	
	Fine Motor	
	Other _____	

Were IEP objectives satisfactorially met this year? ✓yes ___no
If no, circle all that apply:
Attendance
Unexcused absences
Lack of cooperativeness
Other _____
Inappropriate objectives
Limited/lack of motivation
Frequent school changes (more than 2 per year)

III. Behavioral progress
A. Has student had discipline problems this year? ___yes ✓no
If yes, describe:

B. Most successful behavior management techniques used?

C. Unsuccessful behavior management techniques used?

IV. Related services for the coming year:
__OT __PT __Adaptive PE __Speech __Vision __Transportation __Auditory

V. Vocational training (secondary schools only)
A. ___Needed ___Not needed ___In progress
B. Level of Vocational Education recommended:
Assessment Level ___1 ___2 ___3 (MCMC)
Training: ___Magnet School, ___Local school, ___MCMC, ___Pre-Voc, ___WAC

VI. Are there any service changes which should be considered at this time? ___yes ✓no
If yes, describe:

VII. Cassie Waterhouse
Name of person completing this form
Resource Teacher
Position of person completing this form
May 7 1984
Date form was completed

DEFENDANT'S EXHIBIT 53

WHITE — District Office
CANARY — Local School
PINK — Referring Person

dallas independent school district

LETTER OF NOTICE OF ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEETING

Date 4-17-84

To the Parent of LaToya Lith Student Services No. _____

Address 7427 Brierfield Date of Birth 4-23-71

Dallas Tx 75232 School T. G. Terry

An Admission, Review, and Dismissal Committee is being scheduled to review your child's educational program for the purpose(s) checked below:

_____ Consideration or review of Eligibility for Special Education Services and of Assessment Reports.
_____ Review of instructional service.
_____ Review of related services.
✓ Annual Review of Individual Student Program.
_____ Other _____

Your presence at this meeting is requested so that we may work together to meet the educational needs of your child. We urge you to attend this meeting if at all possible. As the student's parent or legal guardian you have the right to:

Review all your child's records.
Review all tests and evaluation procedures.
Refuse to permit evaluations or changes in your child's educational placement.
Be fully informed of the results of evaluations of your child.
Obtain an independent evaluation at public expense.
Request an impartial due process hearing (Appeal Procedure).
Give prior consent or deny the disclosure of your child's school records to anyone other than educational personnel.

The meeting will be held on Thursday, May 10, 1984 (Date) at 9:30 AM (Time)

at T. G. Terry (Location)

This letter is to confirm the appointment made by phone on _____

Sincerely, [signature]
374-6656

Notice No. 1 ✓ 2 ___ 3 ___

Please Check the appropriate statement below and return the lower half of this form immediately to: [illegible]

PARENTAL RESPONSE

_____ I will attend the meeting. The date and time are acceptable.
_____ I would like to attend the meeting but cannot do so at the time suggested. Please call me at _____ and reschedule.
_____ I will not be able to attend. I understand that I will be contacted regarding the recommendations of the ARD Committee.

_____ _____
Date Parent Signature

5075—83-E

DEFENDANT'S EXHIBIT NUMBER 54

08-8850-0103-11
Form SE-89—16M—0114—84-S

6-k attached

Page 1 of 5

WHITE – District Office
CANARY – Local School
PINK – Parent

dallas independent school district

RR

Admission, Review and Dismissal
Individualized Educational Program
Committee Report

Meeting 4-10-85
Date 3-22-85

Name Laroyce Smith I.D. No. 507454 Student Services No. 53817

Date of Birth 4-23-71 School Hulcy Grade 7th

Parent/Guardian Mr & Mrs L. Smith Phone Numbers: Bus. _____ Home 224-7690

Home Address 7427 Brierfield Dr. K-3 School Terry

Notice of meeting sent to parents by L Hughes (Name of sender) Date 3-22-85

Purpose of ARD/IEP Meeting Annual Review & Re-eval data Date 4-10-85

I. The Committee reviewed the following data: (Include related services assessment — specify reports and dates.)

A. Assessment Reports reviewed and attached: (Indicate if reports are from another district.)

3-14-85 WISC-R: Verbal 75, Performance 84, Full Scale 78
WJ PEB II: Reading 2.6, Math 5.6, Written Language 4.2

B. Assessment data or information from the parent or student: (Include Developmental-Social information.)

9-19-84 Sociological: on file

C. Assessment data or information from other school personnel, agencies or other professionals.

10-1-84 Medical update - well child
3-22-85 Competency testing - see attached report

D. Current instructional arrangement and/or related services: Resource room

II. The committee decided that the student

_____ did not meet any specific eligibility criteria at this time.

✓ met the specific eligibility criteria for Transitional Learning Disabled (Handicapping condition)

The discussion of eligibility included the following points (specify points and persons making them):

See attached report

08-8850-0103-21
Form SS-90—15M—0115—84-S

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Name Laroyce Smith I. D. # 507934 S.S. # 53817 Date 3-22-85

III. The Committee decided that this student

✓ needs special education services because of the handicapping condition(s) sited above.

_____ does not need special education services at this time.

The discussion of need for services included the following points (specify points and persons making them):

IV. The committee ensures that this student is not assigned to special education on the basis of criteria which were developed solely on the command of the English Language ✓ **yes** _____ **no.**

Discussion:

A. Adaptations of testing procedures —

B. Use of interpreter —

V. The committee ensures that this student was not placed in special education if the only deficiencies identified are directly attributable to:

A. a different cultural lifestyle based on sociological data ✓ yes _____ no.

B. not having had educational opportunities based on sociological and school data ✓ yes _____ no.

C. not having achieved from previous educational experiences based on school data ✓ yes _____ no.

Discussion:

VI. Present competencies are identified in the attached IEP assessment report in each of the following areas: _____

Academic/developmental: (Grade or age level not acceptable)

Strengths: silent reading comprehension

Weaknesses: decoding skills, oral reading skills

Physical as it affects participation in:

Instructional setting:

Physical education: none

Behavioral, as it affects:

Educational programming:

Discipline: treat as a regular student

Vocational: (When appropriate)

dallas independent school district

Admission, Review and Dismissal/Individualized Educational Program Committee Report

Name Laroyce Smith School Hulcy I.D.# 507954 S.S.# 53817 Date of Meeting 4-10-85

VII. IEP Development for Special Education Instructional Services ☑ Related Services ☐ (Specify) Annual Review

Duration of Services from 8-26-85 (D/M/Y) to 6-1-86 (D/M/Y)

GOAL AREA: Lang. Arts ANNUAL GOAL (LEARNER STANDARD):

SHORT TERM (HIERARCHICAL) OBJECTIVES: The student will be able to: (skills, condition, and *performance)	RESPONSIBLE IMPLEMENTER (title only)	EVALUATION CRITERIA (PERFORMANCE STANDARDS MEASURING INSTRUMENT)	DATE TO BEGIN	EVALUATION DATE	OUTCOME OF EVALUATION 1	2	3	4	5
The Student will complete work according to the Learner Standards on 7th grade Level.	Teacher/ Resource	Briganance	8-85	5-86					

GOAL AREA: ANNUAL GOAL (LEARNER STANDARD):

SHORT TERM (HIERARCHICAL) OBJECTIVES: The student will be able to: (skills, condition, and *performance)	RESPONSIBLE IMPLEMENTER (title only)								

Attach Additional Goals as needed.
Comments attached; ____ yes ____ no____
*May be criteria for attaining baseline hierarchical objectives

Review Codes
1. Mastered
2. Continued-progress satisfactory
3. Continued-progress unsatisfactory
4. Continued with modifications as indicated and attached
5. Discontinued-inappropriate

08-8850-0106-00
Form 9E-92-20H-7049-83I

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Date 3-22-85

Name Laroyce Smith I.D. No. 507954 Student Services No. 53817

Educational Services	E	Hrs./wk.	Initiation Date	Anticipated Duration	Justification
Special Education (If placement is not available at home school, placement will need to be reviewed by Special Ed. Coordinator	RR-LA	5	8-26-85	1 yr.	transitional placement
Related	Speech				
	Transportation "D" — "C"				
	Occupational Therapy				
	Physical Therapy				
	Counseling				
	Other				
Regular Education	Math	5	8-26-8	1 yr.	
	Soc Studies				
	Science				
	English				
	OE		8-26-85	1 sem	
	Ind Arts				
	Hmkg				
Vocational Education					
Physical Education	✓	5	8-26-85	1 sem	✓

Regular Program Adaptations — Recommendations Attached _____ Yes _____ ✓ No

Adaptive Equipment or Building Modifications — Recommendations Attached _____ Yes _____ ✓ No

Behavior Management Procedures — Recommendations Attached _____ Yes _____ ✓ No

C Annual Review must be done by (DATE) 5/86
Re-evaluation must be done by (DATE) NA

09-8850-0187-00
Form SE-93—20M—7949—84-E

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Name Laroyce Smith I.D. No. 501954 S.S. No. 537017 Date 3-22-85

D. The committee considered whether the student could meet the goals and objectives in each of the following instructional arrangements and services:

- ✓ Regular education only
- ___ Regular education with modifications
- ✓ Regular education with support from special education
- ___ _____ vocational program
- ___ _____ special education class or program
- ___ Special transportation
- ___ _____ therapy
- ___ Services for auditorially handicapped (AH)
- ___ Orientation and Mobility (VH)
- ___ Vision training/instruction
- ___ Adaptive equipment
- ___ Other (specify) _____

E. The committee recommends placement in Resource Room (name of program) at Hulcy (name of base school) ✓

F. The committee ensures that the services outlined above constitute the least restrictive educational environment. ✓ Yes ___ No

VIII. For the visually handicapped or auditorially handicapped students, the committee has completed and attached additional IEP Requirements for Visually Handicapped and/or Auditorially Handicapped Students. ___ Yes ___ No NA

IX. The ARD committee ensures that the parent(s) and/or student has been given a parent(s)/student rights handbook and has had his/her rights explained to him/her, and that all procedural safeguards have been observed. ✓ Yes ___ No

X. ___ See additional deliberation attached. ___ See attached Request for Transportation form.

XI. I have participated in all of the decisions listed on this and preceding pages of this data:

Voting Member	I agree with decisions	I do not agree with all decisions (See attachment)	Signature	
✓	✓		Robert C. Ballew	Chairman/Administrator
				Parent/Guardian
				Parent/Guardian
✓	✓		Evelyn Maddox	Assessment Professional
✓	✓		E Maddox II	Special Education Teacher
				Regular Education Teacher
				Health Professional
				Speech Clinician
✓	✓			Student
✓	✓		Juanita Boyd	Others

XII. The parent/guardian was not present and the committee designated G Williams/L Cummings to follow-up with parent contact.

XIII. ___ I give permission for my child, _____, to receive special education services described in this plan. I understand that these services are needed because there is a legally-defined handicapping condition which interferes with learning to the extent that he/she cannot be adequately served in regular education without special education. I also understand that my permission may be revoked at any time.

___ I understand that special education services are not recommended for my child, _____ at this time because either there is no legally-defined handicapping condition or the condition does not prevent him/her from functioning adequately in regular education.

_____ Signature of Parent/Guardian

_____ Date

Teacher Report of Student Competency and Recommendations Behavior 1985

1. Laroyce Smith 507954 53817 Hulen 7th
Student's Name ID# SS# School Grade (now)

A. Student's current placement: __TC, __DLS, __SC, __Pre-Voc, __WAC, __EC, __DC, __ALC, __VAC, ✓RR (Subj. in RR Reading & Math

B. Special Classes: __Chapter I, __Bilingual, __Local Remedial Program, __Compensatory Reading, __Desegration Program

II. Academic Progress (Individual or Group Test, i.e. Brigance, Classroom Learner Standards, ITBS, TABS)
Instrument(s) Gates McGinitie Most recent test date
(Teacher should attach test results)

Goal Area	Grade/Developmental Level
✓Reading	3.7
__Math	
✓Written Language	4.9
__Oral Language	
__Self-Help Skills	
__Gross Motor	
__Fine Motor	
__Other_____	

Were IEP objectives satisfactorily met this year?
✓Yes __No
If no, circle all that apply:
A. Attendance B. Unexcused absence C. Lack of cooperation
D. Inappropriate level of objectives E. Limited/lack of motivation
F. Other_____

III. Behavioral progress
A. Has student had discipline problems this year?
__Yes ✓No

B. Instrument used for assessment (please attach):

C. Most Successful behavior management techniques used?

D. Unsuccessful behavior management techniques?

IV. Related services for the coming year: __OT, __PT, __Adaptive PE, __Speech, __Vision, __Transportation, __Auditory

V. Vocational training (secondary schools only)
A. __Recommended ✓Not recommended __In progress
B. Level of Vocation Services recommended:
Assessment Level __1 __2 __3
Training: __Magnet __Local __MCMC __Pre-Voc __WAC

VI. Are there any service changes which should be considered at this time
__Yes ✓No If yes, describe:_____

DEFENDANT'S EXHIBIT 54

L Hughes Teacher 3-22-85
Person completing form Position Date

List attachments sent to Central file: Competency Testing Behavior Checklist

08-8850-0118-00
Form SE-73-30M-7051-83

WHITE — District Office
CANARY — Local School
PINK — Referring Person

dallas independent school district

LETTER OF NOTICE OF ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEETING

Date 3-22 85

To the Parent of Laroyce Smith Student Services No. 53817

Address 7427 Brierfield Drive Date of Birth 4-23-71

Dallas, Tx. 75232 School Hulcy

An Admission, Review, and Dismissal Committee is being scheduled to review your child's educational program for the purpose(s) checked below:

_____ Consideration or review of Eligibility for Special Education Services and of Assessment Reports.
_____ Review of instructional service.
_____ Review of related services.
__✓__ Annual Review of Individual Student Program.
_____ Other _____

Your presence at this meeting is requested so that we may work together to meet the educational needs of your child. We urge you to attend this meeting if at all possible. As the student's parent or legal guardian you have the right to:

Review all your child's records.
Review all tests and evaluation procedures.
Refuse to permit evaluations or changes in your child's educational placement.
Be fully informed of the results of evaluations of your child.
Obtain an independent evaluation at public expense.
Request an impartial due process hearing (Appeal Procedure).
Give prior consent or deny the disclosure of your child's school records to anyone other than educational personnel.

The meeting will be held on Wednesday April 10, 1985 (Date) at 2:00-2:40 (Time)

at Hulcy (Location)

This letter is to confirm the appointment made by phone on _____

Sincerely,

L Hughes

Notice No. 1 ✓ 2 3

Please Check the appropriate statement below and return the lower half of this form immediately to: _____

PARENTAL RESPONSE

_____ I will attend the meeting. The date and time are acceptable.
_____ I would like to attend the meeting but cannot do so at the time suggested. Please call me at _____ and reschedule.
_____ I will not be able to attend. I understand that I will be contacted regarding the recommendations of the ARD Committee.

_____ (Date) _____ (Parent Signature)

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

dallas independent school district

6.0

PARENT APPROVAL
SPECIAL EDUCATION SERVICES

Student's Name Smith (Last) La Royce (First) (Middle)

Birth Date 4- 23- 71 (Month Day Year) School D.A. Hulcy

Student Identification # 507954 Student Services # 53817

1. SPECIAL EDUCATION RECOMMENDATION:
It is requested that my child receive assistance from a trained specialist with his/her learning problems.

I understand that the following special education services will be provided:

X 1. Placement in a special education instructional program as specified in the Individualized Educational Program
Special Education as per I.E.P.
Instructional Arrangement

___ 2. Speech therapy — minimum of one hour per week.

___ 3. Occupational therapy/physical therapy as approved by physician and authorized by ARD.

___ 4. Other (Specify) _____

I further understand that I am not obligated to accept these special services which are being offered by the Dallas Independent School District and may remove my child from such services any time I desire to do so.

1. I do wish my child to be placed. X Johnnie Smith
Signature of Parent/Legal Guardian

2. I have been informed that Special Education Services are not recommended (at this time) and accept these recommendations.

_____
Signature of Parent/Legal Guardian

3. I do not wish my child to be placed. _____
Signature of Parent/Legal Guardian

DATE: 4- 23- 85 (Month Day Year) A.B. Williams
Signature of DISD staff member obtaining parent's permission

Comments: V.T. gave mother a copy of Special Education Handbook!!

3700 Ross Avenue, Dallas, Texas 75204, 214/824-1620

Form SE-59 — 9/84 — 1195 - 60-E

DEFENDANT'S EXHIBIT NUMBER 55

WHITE — Central File
CANARY — Local School
PINK — Parent

Dallas Independent School District

Page 1 of ___

SCHOOL ADMINISTRATION BUILDING 3700 ROSS AVE.

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING
ANNUAL REVIEW SUMMARY

Date: 5-28-86

Student: Smith, Laroyce L. I.D. #: 507954 S.S. #: 53817

Birth Date: 4-23-71 School: D. M. Hulcy Grade: 8

Parent/Guardian: Leroy Smith Phone Numbers: Bus. 288-7431 Home: 224-7690

Home Address: 7427 Brierfield Dr. Dallas 75232 K-3 School: Jersey

Notice of meeting sent to parents by Pamela Skinner (Name of sender) Date: 5/19/86

Current Unit Type: LR Eligibility: no longer qualifies

Re-Eval. Due date: NA

I. The Committee reviewed the following data: (Annual assessment of present competencies.)

A. Instrument(s) _____ Most recent test date _____

Curriculum Area	Grade Equivalent	Curriculum Area	Grade Equivalent/ Developmental Level
☐ Reading	____	☐ Self-Help Skills	ITBS
☐ Mathematics	____	☐ Gross Motor	Rdg 8.3
☐ Written Language	____	☐ Fine Motor	WL 5.8
☐ Oral Language	____	☐ Other ____	math 6.6

B. Additional Information: The student was to be placed out of special ed at the end of the 1986 school year recommended

C. Strengths & Weaknesses:

D. Physical: The student ☐ does not ☐ does (see attachment) exhibit physical difficulties that affect participation in the educational setting.

E. Behavioral: The student ☐ does not ☐ does (see attachment) exhibit behavioral problems that affect participation in the educational setting. Regular school disciplinary procedures may be followed with this student. ☐ Yes ☐ No (See attachment.)

F. Prevocational/Vocational (when appropriate):

II. Recommendations of ARD Committee:

☐ Continuation in program with no changes.

☐ Change instructional arrangement. Specify: From _____ To _____

☐ Eligible for special transportation on the basis of _____
Specify pick-up and/or delivery address **if different** from above:

_____

☐ Change eligibility category. Specify: From _____ To _____ (see required documentation for discussion of eligibility)

☑ Dismiss from special education. Specify reasons: prior recommendation, does not qualify

III. The committee ensures that this student is not assigned to special education on the basis of criteria developed solely on command of the English language; on deficiencies identified as directly attributable to a different culture, lifestyle, lack of educational opportunities; and is in the least restrictive environment. Discussion (if applicable):

WHITE — Central File
CANARY — Local School
PINK — Parent

DISD

Page ____ of ____

ARD/IEP COMMITTEE REPORT: Individual Education Program
ANNUAL GOALS AND SHORT-TERM INSTRUCTIONAL OBJECTIVES
FOR INDIVIDUAL INSTRUCTIONAL PLAN

☐ Draft _____ Date

☐ Accepted by ARD _____ Date

Student: Laroyce L. Smith I.D. #: 507954 S.S. #: 53817

Birth Date: 4/23/71 School: D.A. Hulcy Grade: _____

IV. ☑ Instructional Services: ☐ Related Services: Specify: Resource / Self Contained if needed

Duration of Services: from 8/86 MO/YR to 6/87 MO/YR Responsible Implementator (title only): Special Education Teacher

Goal Area: Lang. Arts
Instructional Level: 9.0

Annual Goal: Laroyce will improve his language arts skills to greet grade level

SHORT TERM OBJECTIVES
The student will be able to:

	Circle Review Code and Evaluation Criteria	Date of Review	EVALUATION CRITERIA (PERFORMANCE STANDARDS MEASURING INSTRUMENT)
1. use comprehension skills to understand whatever is read	A B C D E / 1 2 3 4 5		A. Brigance Inventory
2. spell new and familiar words	A B C D E / 1 2 3 4 5		B. Teacher Observation
3. use basic language rules while reading and writing	A B C D E / 1 2 3 4 5		C. Teacher made tests
	A B C D E / 1 2 3 4 5		D. Informal Inventories
	A B C D E / 1 2 3 4 5		E. Other: _____
	A B C D E / 1 2 3 4 5		With ____ % accuracy

Goal Area: _____
Instructional Level: _____

Annual Goal:

SHORT TERM OBJECTIVES
The student will be able to:

	Circle Review Code and Evaluation Criteria	Date of Review	EVALUATION CRITERIA (PERFORMANCE STANDARDS MEASURING INSTRUMENT)
	A B C D E / 1 2 3 4 5		A. Brigance Inventory
	A B C D E / 1 2 3 4 5		B. Teacher Observation
	A B C D E / 1 2 3 4 5		C. Teacher made tests
	A B C D E / 1 2 3 4 5		D. Informal Inventories
	A B C D E / 1 2 3 4 5		E. Other: _____
	A B C D E / 1 2 3 4 5		With ____ % accuracy

Review Codes
1. Mastered
2. Continued — progress satisfactory
3. Continued — progress unsatisfactory
4. Continued with modifications as indicated and attached
5. Discontinued — Inappropriate

Attach additional goals as needed.

Comments attached: yes _____ no _____

WHITE — Central File
CANARY — Local School
PINK — Parent

Dallas Independent School District

Page ___ of ___

SCHOOL ADMINISTRATION BUILDING 3700 ROSS AVE.

ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEETING
ANNUAL REVIEW SUMMARY

Student: Smith, Lavoya L. I.D. #: 507 954 S.S. #: 53817

V. Schedule of Services (List content areas/courses.)

A.

Special Education	Amount of time per day/week
Related Services	
Speech	
OT/PT	
Transportation	
Other	

Regular Education: if applies	Amount of time per day/week
Language Arts/English CLAI	5
Mathematics Form I	5
Social Studies/History WS	5
Science/Health Into Phys.	5
Physical Education	5
Fine Arts	
Non-Academics/Electives	
Other	
Reading Lab	5
Study Skills	5

B. Modification recommended for regular, remedial and supportive programs: ☐ Yes ☑ No
(See attached page if answer is yes.)

C. The committee considered whether the student could meet the goals and objectives in each of the following instructional arrangements and services:

- ✓ Regular education only
- ___ Regular education with modifications
- ___ Regular education with support from special education
- ___ [illegible] vocational program
- ___ [illegible] special education
  class program
- ___ Special transportation
- ___ therapy
- ___ Services for auditorially handicapped (AH)
- ___ Orientation and Mobility (VH)
- ___ Vision training/instruction
- ___ Adaptive equipment
- ___ Other (specify) ___

D. The committee recommends placement in [illegible] at [illegible]
name of program name of local school

Circle appropriate instructional arrangement code: A E F G H I M N O P Q

E. For the visually handicapped, auditorially handicapped, or autistic students, the committee has completed and attached additional IEP requirements. ☐ Yes ☐ No

F. See additional deliberation attached. ☐ Yes ☐ No

VI. I have participated in all the decisions listed on this and preceding pages of this report:

SIGNATURE	POSITION	COMMITTEE DECISIONS AGREE	DISAGREE (comments must be attached)
Robert C Collins	*Administration	✓	
	*Parent		
	*Instruction		
OK Lutrey L. McMahon	*Special Education	✓	
	*Assessment[1]	✓	
	Health Professional		
	Speech Clinician		
LaRoyce Smith Glorenda Boyd	Student	✓	
	Others		

*Required for decision
Assessment[1] personnel are required when interpretations of assessment data are being considered.

VII. The parent/guardian was not present. Person designated to follow-up with parent contact is Putney.

Dallas Independent School District

Attachment B

REGULAR TEACHER REPORT

Annual Reviews 19__

I. Student Name: Laroyce L. Smith Grade: 8

II. Academic Progress: (Check and fill in all appropriate areas)

Area	Grade Level	Grade Currently
✓ Reading	8	7o
__ Math		
__ Spelling		

Instrument used to measure academic progress listed above Testing

III. Are there any service changes which should be considered at this time? __ Yes ✓ No

If yes, please describe:

IV. Recommendations regarding grading, promotion, and retention are as follows:

Promotion

WHITE — Parent
CANARY — Central Files
PINK — Local Files

Dallas Independent School District

RESPONSE TO THE NOTICE OF THE ARD COMMITTEE MEETING

(To be completed by the parent)

Please complete the PARENTAL RESPONSE FORM and return as soon as possible to:

Staff Member Pamela Skinner School D.A. Hulcy Middle School

Address 9339 S. Polk Dallas, Tx. 75232

If you wish to have more information or wish to ask any questions, please call:

Staff Member Pamela Skinner Telephone Number 224-3529

Cut on this line and return this part:

PARENTAL RESPONSE TO THE NOTICE OF THE ARD COMMITTEE MEETING

Please check [X] one box to show your response to our invitation to attend the meeting.

- ☐ I will be able to attend the meeting on May 28, 1986 (Date) at 1:55 p.m. (Time)
- ☐ I would like to attend the meeting but will not be able to come when the meeting is planned.
- ☐ I will call Pamela Skinner (Staff Member), at 224-3529 (Telephone Number) to make plans for a date and time when I will be able to attend.
- ☐ I will not attend the meeting. I understand that I will be contacted regarding the recommendations of the ARD Committee.
- ☐ I would like for my child to attend at least part of the meeting.

Please check the YES box if the following statement is correct. Check NO if it is not correct.

☐ YES ☐ NO I have been given a copy of the booklet, PARENT AND STUDENT RIGHTS TO A SPECIAL EDUCATION, 1983. A school staff member has explained each section of this booklet to me, including pages _____

_____ _____
Signature of Parent, Guardian, or Surrogate Parent *Date*

_____ _____
Signature of Interpreter (if used) *Date*

_____
Name of Student

WHITE — Central Files
CANARY — Local Files
PINK — Parents

Dallas Independent School District

SUBJECT: NOTICE OF THE ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

To: Mr. Leroy Smith (Name of Parent) Regarding Laroyce Smith (Name of Student) Date 5/19/86

From Staff Members of D.A. Hulcy Middle School (Name of School) S.S. # 53817

We would like to invite you to attend a meeting to discuss the education programming for your child. This is an ARD/IEP Committee Meeting. ("ARD/IEP" stands for Admission, Review, Dismissal/Individual Education Plan). If the Committee determines a child is eligible for Special Education, an Individual Education Plan (IEP) is developed. The committee also meets at least annually to review the child's progress in Special Education and to update the IEP. You are a member of this committee that meets to review the evaluation, tests, and academic progress of your child. Your child may also be present at this meeting.

The following persons are asked to attend the meeting:

NAME	POSITION	REPRESENTING
		Parent of Student
		School Administrator
		Special Education
		Regular Education
		Special Education Assessment
		Vocational Education
		Other

The purpose of this meeting is to review and discuss Laroyce Smith (Name of Student)

☐ Education Progress ☐ Educational Evaluation Results ☐ Education Program ☐ Educational Placement

The above action(s) are being considered because:

____ The student is working above/below grade level in one or more basic skills.
____ The student's behavior is inconsistent with that expected for other students the same age/grade.
____ The student's rate of progress has ____ increased ____ decreased.
____ The assessment reports are ready for review.
____ More appropriate service is available at alternate location.
____ Other (Please specify and describe) _____

The following assessment data and other information will be reviewed and discussed:

____ Classroom Observation
____ Report Card
____ *Medical Report
____ Information from Parent
____ *Group Achievement Test Scores
____ *Individual Achievement Test Scores
____ Teacher Reports
____ School Permanent Records
____ School Health Records
____ *Individual Psychological Instruments
____ *Independent Evaluation

We have tried to schedule the meeting at a time that is convenient to you and the school. The meeting will be held:

5/28/86 (Date) 1:55 (Time) Counselors' (Room) D.A. Hulcy School (Building) 9339 S. Polk (Address)

*Explanation or name of tests, name of physician, and/or name and procedure of independent evaluators are as follows:

_____

_____

Dallas Independent School District

1986 Discipline

Attachment A

Individualized Educational Plan for Annual ARD Review

I. Laroyce L. Smith (Student's Name) 507954 (I.D. #) 538-17 (S.S. #) D.A. Hulcy (School) 8 (Grade (now))

A. Student's current placement: __TC, __DLS, __SC, __Pre-Voc, __WAC, __EC, __DC, __ALC, __VAC,
X RR (Subj. in RR) Language Arts

B. Special Classes: __Chapter I, __Bilingual, __Local Remedial Program, __Compensatory Reading, __Desegregation Program

II. Academic Progress (Individual or Group Test i.e. Brigance, Classroom Learner Standards, ITBS, TABS)
Instrument(s) April, 1984 Most recent test date.
(Teacher should attach test results)

Goal Area	Grade/Developmental Level
✓ Reading	ITBS 8.3
__ Math	
✓ Written Language	ITBS 5.8 / Spellency
__ Oral Language	
__ Self-Help Skills	
__ Gross Motor	
__ Fine Motor	
__ Other	

Were IEP objectives satisfactorily met this year? __Yes ✓ No
If no, circle all that apply:
A. Attendance B. Unexcused absence C. Lack of cooperation D. Inappropriate level of objectives
E. Limited/lack of motivation F. Other

III. Behavioral progress
A. Has student had discipline problems this year? __Yes ✓ No
B. Instrument used for assessment (please attach):
C. Most Successful behavior management techniques used?
D. Unsuccessful behavior management techniques?

IV. Related services for the coming year: __OT, __PT, __Adaptive PE, __Speech, __Vision, __Transportation, __Auditory

V. Vocational training (secondary schools only)
A. ✓ Recommended __Not recommended __In progress
B. Level of Vocation Services recommended:
Assessment Level ✓ 1 ✓ 2 __3
Training: __Magnet __Local __Pre-Voc __WAC

DEFENDANT'S EXHIBIT 55

V. Are there any service changes which should be considered at this time?
✓ Yes __No If yes, describe: Laroyce has failed most of his classes CKP Disagree
he should be considered for self-contained placement

Person completing form — Position — date
List attachments sent to central file:

CK Putney
Resource Teacher

STATE'S EXHIBIT NUMBER 76

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child Tatacya Smith Date of Examination 9-15-81

	Normal	Abnormal	Not Examined	Describe Fully Any Abnormal Findings
GENERAL *(Continued)*	✓			Acuity tested ↓ b
Genitalia and Abdomen	?			Obese abd
Bone-Joint Muscle	✓			Sl. pes planus
Skin	?			? atopy, scratches under eyes
NEUROLOGICAL				
Orientation	✓			known days of week, mo. of year BDate yes
Cooperation	✓			
Behavior		✓		↓ CA expectancy
Gait/Balance	✓			Good prob. sl unsteady 2° wt
Coordination:			✓	
Gross		✓		adyschadochokenesia
Fine	✓			Sl. slot misplacing minimal overflow
Sensory	✓			primary
Reflexes	✓			+2 clonus (-) Bab ↓ b
Cranial Nerves	✓			
Speech			✓	? immature ? baby talk

Please circle:

1) This patient (does) ~~does not~~ have evidence of seizure disorder, significant hyperactivity or progressive neurologic disease.

2) This examination (does) ~~does not~~ suggest the presence of static neurologic deficit or developmental delay.

Explanation: presence one soft sign

To be Completed by Physician

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child La Tracy Smith Date of Examination 9-15-87

MEDICAL ~~DIAGNOSIS~~: IMPRESSION: (1) L. Problems by hx
(2) Allergies by hx ? wind dust, atopic skin
RECOMMENDATIONS: (3) Slightly obese, wt 98% for ht/age
(4) Req. PE (5) Poss org neuro & CA expectancy: behavior, presence one soft sign; High risk factors include, maternal diabetes c convulsion during labor, infant c extended in hospital) stay.

Educational Implications: ☐ Yes ☐ No

Explanation: Possible organic cause for learning problems — see # (5)

Will follow-up be needed?
☒ Yes ☐ No
When? PRN

School RN F/U mch line & CHO's ofc, see # (3)

Signed R M Adams M.D.
(Physician)

RMADAMS MD
(Name Printed)

3700 Ross Ave Dallas, TX
(Address)

75204 824-1620
(Zip Code) (Telephone)

Thank you for providing this information. It will be helpful in making the appropriate recommendation for school placement.

PATRICIA McDONALD, R.N.—C.
SCHOOL NURSE PRACTITIONER
DISD. — 3700 ROSS AVE.
824-1620 EXT. 487

Sincerely yours,

R M Adams M.D.

Richard M. Adams, M. D.
Director — School Health Services
Dallas Independent School District

Form 3.0

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

dallas independent school district

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Page 1

Student Services
Professional Report

Student's Name Smith, LaRoyce School J H Terry
(Last, First, Middle)

Student Identification No. 507954 Student Services No. 53817

Report by L. Greenberg Speech/Language Pathologist
(Name of Person, Profession)

Date 11-25-81
(Month, Day, Year)

On Nov. 25, 1981 a local A. R. D. Speech meeting was held in order to ~~~~ write La Royces Annual Speech goals. La Royces parents were unable to attend the meeting. Mrs. Greenberg and Mrs Veres (Plan A Teacher) attended the meeting. It was recommended that La Royce be enrolled in ~~Speech~~ Language therapy in order to ~~~~ his receptive and expressive vocabulary and syntax skills.

done by Pat Middleton last 78 2's B.O in plan A folder 4.0 For
year & on file

ARD/IEP COMMITTEE REPORT

Date 9/18/81

Name La Royce Smith I.D. No. 507954 Student Services No. 53817

ANNUAL GOALS: Address all areas that apply to the student's educational needs: Academic or Pre-academic (Language Arts, Math, other); Physical Education; Behavioral (Personal, Classroom, Social); Speech; Vocational; other

Base line: 5/19/81 Peabody PVT-R demonstrated a 3 year 6 month deficit as compared to chronological age in the area of receptive vocabulary skills. The TOLD also demonstrated the same measurable deficit and also indicated a severe deficit in grammatic completion. A 2 year deficit was demonstrated in oral language.

Annual Goals: 1) To raise La Royce's receptive and expressive vocabulary by one year as determined by post testing of above mentioned test. 2) To improve La Royce's syntax skills by 6 months as demonstrated on post testing.

INSTRUCTIONAL SERVICES

	Subjects	Hrs/Wk	Beg.	End	Person Responsible
( ) Regular					
( ) Special Ed					
(1) Speech	Language Therapy	1/wk	9/18/81	5/82	Speech Clinician
( ) Vocational Education for Handicapped					
Vocational Career Field					
Cooperative Work Training					

Describe specialized building modifications, personnel and instructional/adaptive equipment needed to implement the child's program:

PLACEMENT DECISIONS:

Level of Instruction: ( ) Pre-elementary (1) Elementary ( ) Middle School ( ) Senior High

Campus Location: T. G. Terry Type of Special Class Speech/Lang. Therapy

ARD/IEP COMMITTEE REPORT

Date 11-25-81

Name La Royce Smith I.D. No. 507954 Student Services No. 53817

RELATED SERVICES:
Describe related services to be provided to implement goals:

	Beg.	End	Person Responsible
( ) Transportation (Specify any needed adaptations)			
( ) Other			

In brief narrative form, give justification for each service provided:

It is the opinion of the members of the committee that this child has not been placed in Special Education on the basis of: 1) only deficiencies identified as directly attributable to a different cultural life style, or to not having had education opportunities, or to not having achieved from previous educational experiences or 2) criteria which were developed solely on the command of the English language (for national origin, minority or linguistically different students only).

SIGNATURES OF THE COMMITTEE MEMBERS

I agree with decisions	I do not agree with all decisions (Comments must be attached)	Signature	
		Daniel A Ross	Chairman/Administrator
			Parent/Guardian
			Educational Liaison
			Diagnostician
			Home/School Coordinator
			Psychological Associate
			Health Professional
✓		Tammy Vines	Special Education Teacher
✓		Laura Greenberg	Speech Clinician
			OT/PT
			Representative of Visually Handicapped or Deaf Education
			Student
			Vocational Teacher
			Counselor
			Other

If parent or guardian was not present, designate person to follow-up with parent contact: Speech Therapist - Parents were not able to attend meeting. Parents

CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

ARD/IEP COMMITTEE REPORT

Individual Service Plan

Date 9/18/81

Name La Royce Smith I.D. No. 507954 Student Services No. 53817

Specific Educational or Support Service Speech/Lang. Therapy Service Provider Speech/Language Patholog

Goal(s) Receptive-Expressive Vocabulary & Syntax

Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
1. La Royce will learn at least 5 new words a week. He will be able to give the meaning of each word and use it in a meaningful sentence. This will be done with 90% accuracy.	9/18/81		
			12/81
2. La Royce will learn to use plural nouns with 90% accuracy after 12 consecutive sessions.			
		5/82	

Recommendations for Specific Materials, Procedures, or Techniques

2nd & 3rd grade vocabulary list.
Target on language Book and work book
Goal language Program.
Folks language Program

WHITE
CANARY
PINK
GOLDENROD

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

ARD/IEP COMMITTEE REPORT

4.0

Individual Service Plan

DEC 15 1981

Date 11-81

Name Lakeyce Smith I.D. No. 507954 Student Services No. 53817

Specific Educational or Support Service Resource room Service Provider J. Vines

Goal(s)

Lakeyce will: Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
Increase reading comprehension by recalling facts, details and the main idea with 90% accuracy. Review all vowel sounds in isolation and in context with 90% accuracy. Increase sight vocabulary by going over new words repeatedly. Review consonant blends and digraphs with 90% accuracy. Review verb tenses by choosing the correct one to go in the sentence with 90% accuracy. Increase ability to express feelings and understand them.	11-81	2-82	2-82

Recommendations for Specific Materials, Procedures, or Techniques

Palo Alto Reading Series Bk. 8
Blue Dilly Dilly
Self development kit
Worksheets
Roller Skates
charts

CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

ARD/IEP COMMITTEE REPORT

Individual Service Plan

Name LaRoyce Smith I.D. No. 507954 Date 12-81

Student Services No. 53817

Specific Educational or Support Service Language Therapy Service Provider Speech Lang Pathologist

Goal(s) To improve receptive & expressive vocabulary & syntax skills by 1 yr

Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
Continue with same objectives as plan dated 9/18/81.	12/81		3/82
		5/82	

Recommendations for Specific Materials, Procedures, or Techniques

2nd & 3rd grade vocab list.
Target V. Language Book & workbook.
Head Langu. Ex kit.

82

28 - 4-6
31 - 4-6
32 - J

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team
GOLDENROD — Parent

4.2

dallas independent school district

ADMISSION, REVIEW AND DISMISSAL REPORT

SPECIAL EDUCATION

ANNUAL REVIEW/END-OF-YEAR SUMMARY REPORT

MAY 25 1982

Date of Review 4-6-82

Student's Name LaRoyce Smith — Date of Birth 4-23-71

Student Services No. 53817 — Student ID No. 507954

Address 1427 Brierfield — Home Elementary School Terry

Parent's Name m/m Leroy Smith — Telephone No. 224-7690

Name of Current School Terry — Grade Placement for Next Year 5

RECOMMENDATIONS

☑ Current instructional arrangement resource: reading & Speech

☑ Continuation in program with no changes

☐ Change in instructional arrangement. Specify _____

☐ Change in eligibility category. Specify: From — _____ : To — _____

☐ Schedule Re-evaluation by 5-84

☐ Dismiss from Special Education. Specify reasons: _____

Comments on any of the above: Referral is being made for psychological consultation.

☐ Eligible for Transportation on Basis of _____

☑ Name of Parent, Guardian, or Surrogate in Attendance and Advised of Recommendations:

Mrs. Johnnie Smith Parent did attend.

☑ Parent Not Present and Advised of Recommendations by Teacher Date _____

Admission, Review and Dismissal Committee:

Chairperson Daniel C Rose — Administrator

T. G. Terry — School

_____ — Nurse

Louise Scott — Diagnostician

_____ — Counselor

Layne Greenberg — Speech Clinician

B. Quinn — Psychologist

Tammy Vines — Special Education Teacher

Norwood King — Home-School Coordinator

Form SE-35—10M—9740—81

WHITE — Central File
CANARY — Local School
PINK — Teacher
GOLDENROD — Parent

Part I 4.0 2
SD, Page X

Date
4 | 6 | 82
Mo. Day Yr.

dallas independent school district

INDIVIDUALIZED EDUCATIONAL PROGRAM

Student Small (Last) LaRoyce (First) (Middle) DOB 4 | 23 | 71 (Mo. Day Yr.)

School Terry ADAPTIVE EDUCATION NO. 53817

PRESENT LEVEL OF PERFORMANCE (as identified by formal and informal assessment)

GOALS (OBJECTIVES) LONG TERM — PRIORITIZED

Improve reading recall, word attack, and comprehension.

PLACEMENT RECOMMENDATIONS AND JUSTIFICATION: (Least restrictive environment)

Resource: Reading
Speech

Portion of Time in Regular Classrooms: L.A., Math, Soc. Studies, Art Music P.E.

Individualized Educational Planners (signature)	Relationship to Student	Date	Individualized Educational Planners (signature)	Relationship to Student	Date

Form SE-34-3DM-845-78

ARD/IEP COMMITTEE REPORT

Name LaToyce Smith I.D. No. 507954 Date 4-6-82 Student Services No. 53817

RELATED SERVICES:
Describe related services to be provided to implement goals:

		Beg.	End	Person Responsible
( )	Transportation (Specify any needed adaptations)			
(✓)	Other Speech Services	8/82	5/83	Speech Clinician

In brief narrative form, give justification for each service provided:
Auditory association deficit justifies speech services

It is the opinion of the members of the committee that this child has not been placed in Special Education on the basis of: 1) only deficiencies identified as directly attributable to a different cultural life style, or to not having had education opportunities, or to not having achieved from previous educational experiences or 2) criteria which were developed solely on the command of the English language (for national origin, minority or linguistically different students only).

SIGNATURES OF THE COMMITTEE MEMBERS

I agree with decisions	I do not agree with all decisions (Comments must be attached)	Signature	
✓		Daniel A. Rose	Chairman/Administrator
✓		Johnnie Smith	Parent/Guardian
			Educational Liaison
✓		Louise Scott	Diagnostician
✓		Norwood King	Home/School Coordinator
✓		B Quinn	Psychological Associate
			Health Professional
✓		J. Vines	Special Education Teacher
✓		L. Greenberg	Speech Clinician
			OT/PT
			Representative of Visually Handicapped or Deaf Education
			Student
			Vocational Teacher
			Counselor
			Other

If parent or guardian was not present, designate person to follow-up with parent contact: Teacher

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

ARD/IEP COMMITTEE REPORT

Individual Service Plan

4.0

Name LaRoyce Smith I.D. No. 507454 Date 9-82

Specific Educational or Support Service resource room Student Services No. 53817

Goal(s) Service Provider J. Viers

LaRoyce will: Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
Increase reading comprehension by recalling facts in written & oral work w/ 90% accuracy.	9-82	11-82	11-15-82
Increase sight vocabulary by sounding out unknown words w/ 90% accuracy.			
Review consonant blends and digraphs w/ 90% accuracy.			
Identify syllables in words with 90% accuracy.			
Review all vowel sounds in context and in isolation with 90% accuracy.			
Improve neatness in handwriting.			
Review verb tenses by choosing the correct word to fit in the sentence with 90% accuracy.			

Recommendations for Specific Materials, Procedures, or Techniques

Palo Alto Series Bk. 9 worksheets

Roller Skates

Charts

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

ARD/IEP COMMITTEE REPORT

Individual Service Plan

Name La Royce Smith I.D. No. 507954 Date 4-6-82

Student Services No. 53817

Specific Educational or Support Service Language Therapy Service Provider Speech/Language Clinician

Goal(s) #1

Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
(1) La Royce will demonstrate receptive and expressive knowledge of 5 new vocabulary words a week. He will be able to orally use each word in a sentence w/90% accuracy	5/82		
(2) Given a word, La Royce will be able to give it's synonym w/90% accuracy in 15 speech sessions from a list of 50 words.			11/82
(3) Given a word, La Royce will give it's opposite w/90% accuracy from a list of 50 words in 15 speech sessions.			
(4) Given 3 words at a time, La Royce will be able to orally tell how they are alike with 90% accuracy from a list of 50 wds in 15 speech sessions.			
(5) Given 4 words, La Royce will be able to pick a word that is different from the other 3 words w/90% accuracy in 15 speech session			
(6) Given 4 words, La Royce will orally say which word does not belong and why w/90% accuracy out of a list of 50 words in 20 speech sessions.		5/83	

Recommendations for Specific Materials, Procedures, or Techniques

Language Remediation & Expansion
Goal Kit 2
Core Vocabulary list

ARD/IEP COMMITTEE REPORT

Date 4-6-82.

Name La Royce Smith I.D. No. 507954 Student Services No. 53817

ANNUAL GOALS: Address all areas that apply to the student's educational needs: Academic or Pre-academic (Language Arts, Math, other); Physical Education; Behavioral (Personal, Classroom, Social); Speech; Vocational; other

Baseline: 3-16-82 On the W.O.R.D. La Royce obtained age scores on the following subtests: Associations, synonyms, semantic absurdities, antonyms, definitions and multiple definitions that indicate a 3-4 deficit in these areas.

① By May 1983, La Royce will improve his skills in the following areas: Auditory association, synonyms, semantic absurdities, antonyms, definitions & multiple definitions by raising his score on the W.O.R.D.
② By May 1983, La Royce will improve his oral vocabulary skills by raising his score on the T.O.L.D. by 1 year.

INSTRUCTIONAL SERVICES

	Subjects	Hrs/Wk	Beg.	End	Person Responsible
( ) Regular					
( ) Special Ed					
(✓) Speech	Language Therapy	3hr/wk	5/82	5/83	Speech Clinician
( ) Vocational Education for Handicapped					
Vocational Career Field					
Cooperative Work Training					

Describe specialized building modifications, personnel and instructional/adaptive equipment needed to implement the child's program:

PLACEMENT DECISIONS:

Level of Instruction: ( ) Pre-elementary (✓) Elementary ( ) Middle School ( ) Senior High

Campus Location: T.G. Terry Type of Special Class Language Therapy

Stage III Assessment for
Annual ARD Review

I. LaRoyce Smith | 507954 | 53817 | T.G. Terry | ~~5th~~ 6th | 10.12
Student's Name | ID# | SS# | School | Grade | Age

A. Student's current placement: ✓RR, __RDLS, __SC, __Pre-VOC, __WAC, __EC, __Dev.Cen., __ALC, __VAC, __TC

B. Student's current special ed schedule:

Language Arts (✓Reading, __Writing, __Spelling, __other_____)	1 hours
Math ___	____hours
Social Studies ___	____hours
Science ___	____hours
Other (__VAC, __VEH, __CVAE, __MCMC, __Transportation Magnet)	____hours

C. Student's regular schedule:

Language Arts (__Reading, __Writing, __Spelling __other_____)	____hours
Math ✓	1 hours
Social Studies ✓	1 hours
Science ✓	2 hours
Shop/Hmkg ___	____hours
Special Classes: (__Chapter I; __Bilingual; __Local remedial program; __Compensatory reading)	1 hours
Electives: (__PE; __Art; __Music; __Speech/Drama; __Band; __Other	____hours

D. Related Services: __Transportation; _____(hr/wk) Speech; _____(hr/wk) OT; _____(hr/wk) PT; _____(hr/wk) Adaptive PE; _____(hr/wk) Vision; _____(hr/wk) Auditory; _____(hr/wk) other

II. Academic progress

A. Did student meet all IEP objectives? ✓yes __no
If no, discuss reasons:
Met all objts, covered, did not began working with student until 1/1983

B. Was pre- or post-testing done this year? ✓yes __no
If yes, please list tests and results:
~~(pre-test) Brigance (Readiness) 8/1982 (reading comprehension~~ Word recognition (35) reading comprehension 4.0 (post-test) Word recognition (38) reading comp. (4.0)

C. Did student take any group tests (ITBS, ABC, TABS, etc.) during this year? ✓yes __no
If yes, please list results:
ITBS will be taken the week of April 11th

III. Behavioral progress

A. Has student had discipline problems this year? __yes ✓no
If yes, describe:

B. Most successful behavior management techniques used?

C. Unsuccessful behavior management techniques used?

IV. Physical progress

A. Does student have any physical handicaps? __yes ✓no
If yes, describe:

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

ARD/IEP COMMITTEE REPORT

Individual Service Plan

4.0
Page 4 of

Name LaRoyce Smith I.D. No. 507954 Date 3/1/82

Student Services No. 53817

Specific Educational or Support Service Language Therapy Service Provider Speech / Language Clinician L. Greenberg

Goal(s) Goal #2

Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
Objectives #2 accomplished on plan 9-8-81. Additional objectives are as follows: 3 LaRoyce will use the appropriate forms of comparatives in sentences with 90% accuracy in 20 speech sessions	3/1/82	5/82	5/82

Recommendations for Specific Materials, Procedures, or Techniques

Target or Language Book
Dittos
Language Remediation & Expansion

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

ARD/IEP COMMITTEE REPORT

Individual Service Plan

Name LaRoyce Smith I.D. No. 507954 Date 2-82

MAPS Student Services No. 53817

Specific Educational or Support Service resource room Service Provider J. Viris

Goal(s)

LaRoyce will: Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
Increase reading comprehension by recalling facts in written & oral work w/ 90% accuracy.	2-82	5-82	5-82
Increase sight vocabulary by sounding out unknown words w/ 90% accuracy.			
Review consonant blends and digraphs w/ 90% accuracy.			
Identify syllables in words with 90% accuracy.			
Review all vowel sounds in context and in isolation with 90% accuracy.			
Improve neatness in handwriting.			
Review verb tenses by choosing the correct word to fit in the sentence with 90% accuracy.			

Recommendations for Specific Materials, Procedures, or Techniques

Palo Alto Series BR. 9 worksheets

Roller Skates

Charts

ARD/IEP COMMITTEE REPORT

Individual Service Plan

NOV 5 1982

5.0
Page 4 of

Date 11-1-82

Name La Royce Smith I.D. No. 507954 Student Services No. 53 817

Specific Educational or Support Service Language Therapy Service Provider L Greenberg CCC Sp

Goal(s) #1

Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
Objectives 2+3 on plan dated 4-6-82 accomplished with 90% accuracy or better. Continue with objectives 1, 4-6 on same plan. Additional objectives are as follows: (7) Given a picture card of an animal, vegetable, fruit or object, La Royce will be able to orally give 3 attributes for picture card with 90% accuracy. (8) Given a word, La Royce will be able to orally tell 3 attributes for each object with 90% accuracy	11/82	5/83	2/83 92

Recommendations for Specific Materials, Procedures, or Techniques

Language Expansion and Remediation
Goal Kit 2
Peabody Picture Cards

ARD/IEP COMMITTEE REPORT

FEB 8 1983

Individual Service Plan

Date 2-4-83

Name La Royce Smith I.D. No. 507954 Student Services No. 53817

Specific Educational or Support Service Language Therapy Service Provider L. Braenberg C.C.C. Sp.

Goal(s) #1

Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
objectives 4&5 on plan dated 11-1-82 accomplished with 90% accuracy. Continue with objectives 6-8 on same plan.	2/83	5/83	5/83

Recommendations for Specific Materials, Procedures, or Techniques

Language Remediation & Expansion
Goal 1 Kit 2
Picture Cards

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

dallas independent school district

4.0

LETTER OF NOTICE OF SPECIAL EDUCATION ADMISSION, REVIEW AND DISMISSAL COMMITTEE MEETING INITIAL ENTRY

Date 4-28-83

To the Parent of LaRoyce Smith Student Services No. _____

Address 7427 Brierfield Date of Birth _____

School T. G. Terry

A study of the educational needs of your child has been completed by the Special Education assessment staff. A committee would like to meet with you to discuss the results of this study. At this meeting you will be able to help in developing educational plans for your child.

As you have previously been informed, no change in the educational program of your child will take place without your written consent. If you are not able to attend the meeting, you will be contacted concerning the recommendations of the Committee. However, your presence at this meeting is requested so that we may work together to meet the educational needs of your child. We urge you to attend if at all possible.

The meeting will be held on April 28 (Date) at 10:00 AM. (Time)

at T. G. Terry (Location)

Please check the appropriate statement below and return one copy of the lower half of this form to: Sandra Windsor

If you prefer, you may respond by calling Sandra Windsor at 374-6656

Sincerely,

_____

_____

PARENTAL RESPONSE

____ I will attend the meeting. The date and time are acceptable.

____ I would like to attend but cannot do so at the time suggested. Please call me at _____ and reschedule.

✓ I will not be able to attend. I understand that I will be contacted regarding the recommendations of the ARD Committee.

_____ Date

_____ Parent signature

Child's Name LaRoyce Smith

Notice No. 1___ 2___ 3 ✓

Student Services No. _____

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

dallas independent school district

4.0

LETTER OF NOTICE OF SPECIAL EDUCATION ADMISSION, REVIEW AND DISMISSAL COMMITTEE MEETING INITIAL ENTRY

Date 4-19-83

To the Parent of LaRoyce Smith Student Services No. _____

Address 7427 Brierfield Date of Birth 4-23-71

School T. G. Terry

A study of the educational needs of your child has been completed by the Special Education assessment staff. A committee would like to meet with you to discuss the results of this study. At this meeting you will be able to help in developing educational plans for your child.

As you have previously been informed, no change in the educational program of your child will take place without your written consent. If you are not able to attend the meeting, you will be contacted concerning the recommendations of the Committee. However, your presence at this meeting is requested so that we may work together to meet the educational needs of your child. We urge you to attend if at all possible.

The meeting will be held on April 28, 1983 (Date) at 10:30 A.M. (Time)

at T. G. Terry (Location)

Please check the appropriate statement below and return one copy of the lower half of this form to: Sandra Windsor

If you prefer, you may respond by calling Sandra Windsor at 374-6656

Sincerely,

Sandra L. Windsor

PARENTAL RESPONSE

____ I will attend the meeting. The date and time are acceptable.

____ I would like to attend but cannot do so at the time suggested. Please call me at _____ and reschedule.

____ I will not be able to attend. I understand that I will be contacted regarding the recommendations of the ARD Committee.

_____ (Date) _____ (Parent signature)

Notice No. 1 ___ - 2 ✓ 3 ___

Child's Name LaRoyce Smith

Student Services No. _____

Date: 3-30-82

From: Principal

To: Parents or Guardian of LaRoyce Smith

An End-of-the-Year review meeting has been scheduled for the purpose of planning next years educational program for your child. Your participation in this meeting is requested.

The meeting has ~~been scheduled for~~ 10:40 am on Tues. April 6.

Please indicate below whether or not you plan to attend the meeting. If you have any questions, please call the school office.

Thank you,

Daniel G Ross
Principal

___ I will be able to attend at the scheduled time.

___ I will not be able to attend.

Please sign and return to Mrs. Vines, Room 105

LaRoyce Smith
Parent's signature

WHITE — District Office
CANARY — Local School
PINK — Referring Person

dallas independent school district

LETTER OF NOTICE OF ADMISSION, REVIEW, AND DISMISSAL COMMITTEE MEETING

Date 12-9-83

To the Parent of La Royce Smith Student Services No. 53817

Address 1427 Brierfield Date of Birth 4-23-71

School T6. Terry

An Admission, Review, and Dismissal Committee is being scheduled to review your child's educational program for the purpose(s) checked below:

- ✓ ~~Consideration~~ or review of Eligibility for (Speech) Special Education Services and of Assessment Reports.
- ____ Review of instructional service.
- ____ Review of related services.
- ____ Annual Review of Individual Student Program.
- ✓ Other Dismissal from Speech

Your presence at this meeting is requested so that we may work together to meet the educational needs of your child. We urge you to attend this meeting if at all possible. As the student's parent or legal guardian you have the right to:

Review all your child's records.
Review all tests and evaluation procedures.
Refuse to permit evaluations or changes in your child's educational placement.
Be fully informed of the results of evaluations of your child.
Obtain an independent evaluation at public expense.
Request an impartial due process hearing (Appeal Procedure).
Give prior consent or deny the disclosure of your child's school records to anyone other than educational personnel.

The meeting will be held on ~~Monday Tuesday~~ Wed 5 (Date) 12-14-83 at 8AM (Time)

at T6. Terry — Speech Room (Location)

~~This letter is to confirm the appointment made by phone on~~ _____

(Please sign, check & return with LaRoyce to school.) Sincerely, Mrs Greenberg

Notice No. 1 ✓ 2 ___ 3 ___

Please Check the appropriate statement below and return the lower half of this form immediately

to: MRS Greenberg

PARENTAL RESPONSE

____ I will attend the meeting. The date and time are acceptable.
____ I would like to attend the meeting but cannot do so at the time suggested. Please call me at _____ and reschedule.
✗ I will not be able to attend. I understand that I will be contacted regarding the recommendations of the ARD Committee.

12/13/83 (Date) ✗ Johnnie Smith (Parent Signature)

078—83-E

Form 89-20M-7046-83-S

98 JAN 05 1984

1-4-84 ee

WHITE — District Office
CANARY — Local School
PINK — Parent

SPECIAL EDUCATION JAN 9

dallas independent school district

Admission, Review and Dismissal
Individualized Educational Program
Committee Report

Date 12-14-83

Name La Royce Smith I.D. No. 507954 Student Services No. 53817

Date of Birth 4-23-71 School T.G. Terry Grade 6

Parent/Guardian Mrs. Smith Phone Numbers: Bus. 323-6000 Home 224-7690

Home Address 7427 Brierfield K-3 School

Notice of meeting sent to parents by L. Greenberg Date 12-9-83

Purpose of ARD/IEP Meeting Dismissal from Speech Date 12-14-83

I. The Committee reviewed the following data:

A. Assessment Reports reviewed and attached:
The WORD, test of expressive vocabulary and Semantics was administered. La Royce appeared to be functioning at or above his mental on all the subtests of the WORD. 12-5-83

B. Assessment data or information from the parent or student:

C. Assessment data or information from other school personnel:

D. Current instructional arrangement: Resource Room / Speech

II. The committee decided that the student

✓ did not meet any specific eligibility criteria at this time.

____ met the specific eligibility criteria for _____
Handicapping condition(s)

The discussion of eligibility included the following points (specify points and persons making them):
La Royce appears to be functioning at his mental age in all areas of expressive language. Therefore, Speech services are no longer needed.

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Date 12-14-83

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53 817

III. The committee decided that this student

✓ needs special education services because of the handicapping condition(s) cited above.

____ does not need special education services at this time.

The discussion of need for services included the following points (specify points and persons making them):

See pg 1A

IV. The committee ensures that this student is not assigned to special education on the basis of criteria which were developed solely on the command of the English language.

✓ Yes ____ No

V. The committee ensures that this student was not placed in special education if the only deficiencies identified are directly attributable to:

A. a different cultural lifestyle ✓ Yes ____ No

B. not having had educational opportunities ✓ Yes ____ No

C. not having achieved from previous educational experiences ✓ Yes ____ No

Discussion:

VI. Present competencies are identified in the attached Stage III assessment report in each of the following areas: ____ Academic/Developmental, ____ Behavioral, ____ Physical, ____ Vocational.

Discuss additional competencies identified below:

On the WORD LaRoyce obtained the following subtest scores: Associations 13 yrs. 6 mths.
Synonyms 11 yrs. 8 mths.
Semantic Absurdities 10 yrs. 11 mths.
Antonyms 14 yrs. 8 mths.
7 yrs. 8 mths.

BEST AVAILABLE COPY

dallas independent school district

Admission, Review and Dismissal/Individualized Educational Program Committee Report

Name La Royce Smith I.D. No 30.1954 Student Services No 53817 Date 5-7-93

VII. IEP Development

A. ANNUAL GOALS AND SHORT TERM INSTRUCTIONAL OBJECTIVES

Goal # 1 Improve Auditory Association Skills Implementor Speech/Language Clinician (Position)

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by: WORD	*Review (1) Date	Code	Review (2) Date	Code	Review (3) Date	Code
5/93 ①	orally tell how 3 different described objects are alike with 70% accuracy		11/93	1				
5/93 ②	given 4 words, orally pick out the word that does not belong with 90% accuracy		11/93	1				
11/93 ③	given 4 words, orally pick out the word that does not belong & tell why with 90% accuracy		11/93	1				
11/93 ④	orally complete a spatial analogy with 90% accuracy		11/93	2				

Goal # ____ Implementor ____

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by:	*Review (1) Date	Code	Review (2) Date	Code	Review (3) Date	Code

Attach Additional Goals as needed.

*Review Codes
1. Mastered
2. Continued — progress satisfactory
3. Continued — progress unsatisfactory
4. Continued with modifications as indicated and attached
5. Discontinued — Inappropriate

ments attached: ____ Yes ____ No

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Date 12-14-83

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53817

Educational Services		Hrs./wk.	Initiation Date	Anticipated Duration	Justification
Special Education (If placement is not available at home school, placement will need to be reviewed by Special Ed. Coordinator					
Related	Speech	No Speech Services			
	Transportation "D" — "C"				
	Occupational Therapy				
	Physical Therapy				
	Counseling				
	Other				
Regular Education					
Vocational Education					
Physical Education					

Regular Program Adaptations	Recommendations Attached	____ Yes	✓ No
Adaptive Equipment or Building Modifications	Recommendations Attached	____ Yes	✓ No
Behavior Management Procedures	Recommendations Attached	____ Yes	✓ No

C Annual Review must be done by (DATE)_____
Re-evaluation must be done by (DATE)_____

4572—10,500—82-E

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Date 12-14-83

Name LaRoyce South I.D. No. S-07954 Student Services No. S-3817

D. During the development of the individual plan, the committee discussed alternative services and recommendations of individual committee members. A summary of that discussion is:
It is recommended that LaRoyce be dismissed
ork Speech services because he is functioning at optimum
uel in all expressive language skills. C. Offenburg

E. The committee ensures that the services outlined above constitute the least restrictive educational environment. ✓ Yes _____ No

VIII. For the visually handicapped or auditorially handicapped students, the committee has completed and attached additional IEP Requirements for Visually Handicapped and/or Auditorially Handicapped Students. _____ Yes _____ No. N/A

IX. The ARD committee ensures that the parent(s) and/or student has had his/her rights explained to him/her, and that all procedural safeguards have been observed. ✓ Yes _____ No

X. I have participated in all of the decisions listed on the preceding pages on this data _____:

I agree with decisions	I do not agree with all decision (Comments must be attached)	Signature	
✓		[signature]	Chairman/Administrator
✓			Parent/Guardian
✓		mr. Willow	Educational Liaison
			Special Education Assessment Specialist
			Visiting Teacher
			Health Professional
✓		Cassie Waterbury	Special Education Teacher
✓		Laura Greenberg	Speech Clinician
			OT/PT
			Representative of Visually Handicapped or Deaf Education
			Student
			Vocational Teacher
			Counselor
			Other

If parent or guardian was not present, designate person to follow-up with parent contact:

L Greenberg
Name and Position

4913—83 E

WHITE — Permanent Record
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Appraisal Staff

dallas independent school district

PARENTAL CONSENT TO INDIVIDUAL EVALUATION

Student Smith, LaRoyce I.D. No. 597954 Student Services No. 53817

Birth Date 4-23-71 School D.A. Hulcy Grade 7

Parent Mr & Mrs. Leroy Smith Address 7427 Brierfield Dr Phone No. 224-7690

To the parent: Your child has been referred for individual assessment. The evaluation procedures to be used will cover the following major areas:

Language/Communication: Speech and language skills, voice and fluency, are assessed through informal observation and formal evaluation of articulation, language dominance, expressive and receptive language. Examples of the types of tests which may be used are: Goldman-Fristoe tests of articulation and auditory discrimination, James Test of Language Dominance, Test of Language Development, Carrow Elicited Language Inventory.

Physical: Health histories, medical reports, tests and rating scales are used to evaluate the student's health and physical status, motor coordination, and visual/motor integration. Such assessment techniques may include: vision and hearing tests, medical examination, gross and fine motor inventories, and techniques such as Connor's Rating Scale for hyperkinesis and the Bender Gestalt and Beery tests of visual/motor integration.

Emotional/Behavioral: Informal and formal assessment of the student's social and emotional adjustment and interpersonal relationships include behavioral observations and rating scales, parent and teacher observations and reports of home and classroom behavior, and projective techniques. Evaluation techniques may include such instruments as the Forer Sentence Completions, the House, Tree, Person drawings, and Thematic Apperception Test.

Sociological: A parent interview is conducted and a parent questionnaire is completed to obtain information about the student's social and developmental history, the child's role in the family and community, adaptive behavior, and parental expectations.

Intellectual: Tests and rating scales are used to assess the student's development in verbal, numerical, and spatial abilities and to assess adaptive social behavior in the community. Examples of such assessment techniques include the Wechsler Intelligence Scales, the Stanford-Binet Intelligence Scale, SOMPA Adaptive Behavior Inventory, and the Vineland Social Maturity Scale.

Educational/Academic: Group achievement tests, samples of classroom work, classroom observations, and individual tests are studied to determine strengths and weaknesses in academic areas. Examples of individual tests which may be used include the Woodcock-Johnson Psycho-educational Battery, Peabody Individual Achievement Test, Wide Range Achievement Test, Key Math Diagnostic Arithmetic Test. For the young child, pre-academic skills are assessed by readiness tests and scales such as the Developmental Activities Screening Inventory.

I have been informed of the referral of my child for individual testing or other evaluation procedures described above. I have received a copy of "Parents' and Students' Rights for Special Education" and understand my rights.

✓ I give my consent to conduct the evaluation described.

____ I request a conference to discuss the referral of my child.

____ I request a conference to discuss my rights as outlined in the material received.

____ I do not want my child evaluated at this time.

Date: 9-19-84 Signature of Parent/Guardian LaRoyce Smith

Student Support Services Representative: AR Williams

absent 11-1-84

08-8850-0070-00
Form SS-2—60M—7237—83-E

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

6104

dallas independent school district

3.0

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(FOR PROFESSIONAL USE ONLY)
Page ____

Student Support Services

Student Smith, LA Royce I.D. No. 507954 Student Services No. 53817

School D.A. Hulcy Middle Grade 7th

Report by C. Dotson RN (Name of Person) School Nurse (Profession) Date 10/1/84

Vision 10/1/84 R 20/20 L 20/30 - Snellen Test

Hearing 10/1/84 Passed Pure tone Test

Telephone Conference c mother indicates a well-child somewhat over weight. He continues to take medications for his Allergies.

Thank you

C. Dotson RN

204-4069

WHITE — District Office
CANARY — Local School
PINK — Parent

dallas independent school district

Admission, Review and Dismissal
Individualized Educational Program
Committee Report

MAY 26 1983

Name LaRoyce Smith I.D. No. 507954 Date April 6, 1983

Date of Birth 04-23-71 School J.D. Terry Student Services No. 538174 Grade 5th

Parent/Guardian Leroy Smith Phone Numbers: Bus. _____ Home _____

Home Address 7451 Brierfield K-3 School Terry

Notice of meeting sent to parents by Sandra Windsor Date 3-22-83 & 4-19-83

Purpose of ARD/IEP Meeting Annual Review Date 4-7-83

I. The Committee reviewed the following data:

A. Assessment Reports reviewed and attached:

NA

B. Assessment data or information from the parent or student:

NA

C. Assessment data or information from other school personnel:

NA

D. Current instructional arrangement: Resource Room (Reading) & Speech

II. The committee decided that the student

____ did not meet any specific eligibility criteria at this time.

✓ met the specific eligibility criteria for LD / Speech
Handicapping condition(s)

The discussion of eligibility included the following points (specify points and persons making them):

NA

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Date 4-28-83

Name LaToyce Smith J.D. No. 507954 Student Services No. 53817

III. The committee decided that this student

✓ needs special education services because of the handicapping condition(s) cited above.

___ does not need special education services at this time.

The discussion of need for services included the following points (specify points and persons making them):

WA

IV. The committee ensures that this student is not assigned to special education on the basis of criteria which were developed solely on the command of the English language.

✓ Yes ___ No

V. The committee ensures that this student was not placed in special education if the only deficiencies identified are directly attributable to:

A. a different cultural lifestyle ✓ Yes ___ No

B. not having had educational opportunities ✓ Yes ___ No

C. not having achieved from previous educational experiences ✓ Yes ___ No

Discussion:

WA

VI. Present competencies are identified in the attached Stage III assessment report in each of the following areas: ✓ Academic/Developmental, ___ Behavioral, ___ Physical, ___ Vocational.

Discuss additional competencies identified below:

WA

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/Individualized Educational Program Committee Report

Name LaRoyce Smith I.D. No. _____ Student Services No. _____ Date 1/1983

VII. IEP Development

A. ANNUAL GOALS AND SHORT TERM INSTRUCTIONAL OBJECTIVES

Goal # I: To improve reading skills to 6.0 gd. level Implementor Resource Teacher
(Position)

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by:	*Review (1) Date	*Review (1) Code	Review (2) Date	Review (2) Code	Review (3) Date	Review (3) Code
1/1983	Improve decoding skills	Baseline	2/83	2	5/83	-		
	Improve word attack			2				
	Improve rules of syllibication			3				
	through context and isolation							
	Improve reading fluency + comprehension			2				

Goal # II. _____ Implementor _____

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by:	*Review (1) Date	*Review (1) Code	Review (2) Date	Review (2) Code	Review (3) Date	Review (3) Code

Attach Additional Goals, as needed.

*Review Codes
1. Mastered
3. Continued — progress unsatisfactory
4. Continued with modifications as indicated and attached

107

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/Individualized Educational Program Committee Report

Name La Royce Smith I.D. No. 509454 Student Services No. 53817 Date 4-7-83

VII. IEP Development

A. ANNUAL GOALS AND SHORT TERM INSTRUCTIONAL OBJECTIVES

Goal # 1: Improve Auditory Association Skills Implementor Speech/Language Clinician (Position)

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by: WORD	*Review (1) Date	*Review (1) Code	Review (2) Date	Review (2) Code	Review (3) Date	Review (3) Code
4/83 ①	orally tell how 3 different, described objects are alike with 90% accuracy							
4/83 ②	given 4 words, orally pick out the word that does not belong with 90% accuracy							
10/83 ③	given 4 words, orally pick out the word that does not belong & tell why with 90% accuracy.							
10/83 ④	orally complete a spoken analogy with 90% accuracy							

Goal # ___: ___ Implementor ___

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by:	*Review (1) Date	*Review (1) Code	Review (2) Date	Review (2) Code	Review (3) Date	Review (3) Code

...nal Goals, as needed.

Yes No

*Review Codes
1. Mastered
2. Continued — progress satisfactory
3. Continued — progress unsatisfactory
4. Continued with modifications as indicated and attached

108

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Date 4-28-83

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53817

Educational Services		Hrs./wk.	Initiation Date	Anticipated Duration	Justification
Special Education (If placement is not available at home school, placement will need to be reviewed by Special Ed. Coordinator	Reading	5	8-83	5-84	eligibility
Related	Speech	VOR	8-83	5-84	Clinic eligibility
	Transportation "D" — "C"				
	Occupational Therapy				
	Physical Therapy				
	Counseling				
	Other				
Regular Education	Lang Arts				
	Math				
	Soc Stud				
	Science				
	Art, Mu, PE				
Vocational Education					
Physical Education					

Regular Program Adaptations	Recommendations Attached	Yes	✓ No
Adaptive Equipment or Building Modifications	Recommendations Attached	Yes	✓ No
Behavior Management Procedures	Recommendations Attached	Yes	✓ No

C Annual Review must be done by (DATE) 4-84
Re-evaluation must be done by (DATE) 5-84

4912—83-E

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Date 4-28-83

Name LaRoyce Smith I.D. No. 507454 Student Services No. 53817

D. During the development of the individual plan, the committee discussed alternative services and recommendations of individual committee members. A summary of that discussion is:

none

E. The committee ensures that the services outlined above constitute the least restrictive educational environment. ✓ Yes _____ No

VIII. For the visually handicapped or auditorially handicapped students, the committee has completed and attached additional IEP Requirements for Visually Handicapped and/or Auditorially Handicapped Students. _____ Yes _____ No.

IX. The ARD committee ensures that the parent(s) and/or student has had his/her rights explained to him/her, and that all procedural safeguards have been observed. ✓ Yes _____ No

X. I have participated in all of the decisions listed on the preceding pages on this data _____:

I agree with decisions	I do not agree with all decision (Comments must be attached)	Signature	
✓		Sandra Leslie	Chairman/Administrator
			Parent/Guardian
			Educational Liaison
✓		Louise Scott	Special Education Assessment Specialist
			Visiting Teacher
			Health Professional
✓		Cassie Waterhouse	Special Education Teacher
			Speech Clinician
			OT/PT
			Representative of Visually Handicapped or Deaf Education
			Student
			Vocational Teacher
			Counselor
			Other

If parent or guardian was not present, designate person to follow-up with parent contact:

local school personnel
Name and Position

4913–83-E

RECEIPT FOR RIGHTS BOOKLET

NAME OF STUDENT Smith, LaRyce

DATE OF BIRTH 4-23-71 SCHOOL Hulaq

This is to verify that I have received a copy of *Parent and Student Rights to a Special Education, 1983* which informs me of my rights throughout the child-centered educational process for handicapped students. These rights have been explained to me by

AR Williams (name), Visiting Teacher (position)

on 9-19-84 (date).

I understand that my rights include the right to receive:

(1) this and all other written notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language or in braille as appropriate, and

(2) answers from school personnel to additional questions I may have.

My signature below indicates that I received the booklet and understand its contents.

Johnnie Smith

SIGNATURE OF PARENT, GUARDIAN, OR ADULT STUDENT

DATE SIGNED 9-19-84

RECEIPT FOR RIGHTS BOOKLET

NAME OF STUDENT Smith, LaRyce

DATE OF BIRTH 4-23-71 SCHOOL Hulaq

This is to verify that I have received a copy of *Parent and Student Rights to a Special Education, 1983* which informs me of my rights throughout the child-centered educational process for handicapped students. These rights have been explained to me by

A R Williams (name), Visiting Teacher (position)

on 9-19-84 (date).

I understand that my rights include the right to receive:

(1) this and all other written notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language or in braille as appropriate, and

(2) answers from school personnel to additional questions I may have.

My signature below indicates that I received the booklet and understand its contents.

Johnnie Smith

SIGNATURE OF PARENT, GUARDIAN, OR ADULT STUDENT

DATE SIGNED 9-19-84

06-6650-0105-00
Form SE-91—40M—7048—83-S

WHITE — District Office
CANARY — Local School
PINK — Parent
GOLDENROD — Teacher

dallas independent school district

Admission, Review and Dismissal/Individualized Educational Program Committee Report

Name LaRoyce Smith I.D. No. 507954 Student Services No. 53817 Date 4/25/84

VII. IEP Development

A. ANNUAL GOALS AND SHORT TERM INSTRUCTIONAL OBJECTIVES

Goal # I: ~~Improve skills to 7.0 grade level~~ Implementor Resource Teacher
(Position)

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by:	*Review (1) Date	Code	Review (2) Date	Code	Review (3) Date	Code
8/84	Improve phonetic analysis		11/84	2	2/85	2	5/85	2
	Improve structural analysis	Baseline						
	Improve Comprehension							
	Improve vocabulary							

Goal # ___: ___ Implementor Resource Teacher

Beginning on:	OBJECTIVES The student will be able to:	As evidenced by:	*Review (1) Date	Code	Review (2) Date	Code	Review (3) Date	Code
		Baseline						

Attach Additional Goals, as needed.

*Review Codes
1. Mastered
3. Continued — progress unsatisfactory
4. Continued with modifications as indicated and attached

CONFIDENTIAL

9-19-84
DATE

507954
I.D. NUMBER

53817
S.S. NUMBER

DEVELOPMENTAL SOCIOLOGICAL AND
ADAPTIVE BEHAVIOR INVENTORY
RE-EVALUATION

Last	First	MI	Birthdate	Sex	Ethnicity	Grade	School
Smith	LaRoyce		4-23-71	M	Black	7	Haley

Leroy Smith — Father's Name
Johnnie M. Smith — Mother's Name
Step-Father
Step-Mother

Mother & Father — Child lives with/relationship
7427 Briarfield — Address
75232 — Zip
224-7690 — Telephone

Language(s) spoken in the home English Language most spoken in the home English

Who has legal custody of the child? Mother & father

Describe the child's contact with an absent parent

Has the family constellation changed within the last three (3) years? ____ Yes ✓ No

Describe

What are your child's feelings about being in Special Education? Mother feels that Child like Resource / Special Education.

Your feelings about Special Education Mother feels that Special Education has been a great help to LaRoyce.

Have there been any changes in your child's behavior within the last three (3) years with you perceive as important? Mother explained that child is very responsible.

What responsibilites does your child have at home? Child wash dishes, clean his room.

Describe your child's status/progress in regard to academic achievement since entering Special Education Mother feels that child has progressed in both math & reading.

Describe the contacts you have had with school personnel during the last three year (conferences staffings, end of year reviews, etc.)

Informal assessment of Adaptive behavior functioning is believed ____
(to be/not to be)
within the limits of personal independence and social responsibility expected of the student's age and cultural group, both in school and away from school.

Johnnie Smith
Informant/Relationship

A R Williams
Visiting Teacher

Rev.5/83

DALLAS INDEPENDENT SCHOOL DISTRICT
STUDENT SUPPORT SERVICES
APPRAISAL REPORT

STUDENT NAME: LaRoyce Smith DATE OF BIRTH: 4-23-71

DATE OF REPORT: 3-14-85 CHRONOLOGICAL AGE: 13 I.D. NUMBER: 507954

SCHOOL: Hulcy GRADE: 7th STUDENT SERVICES NUMBER: 53817

REPORTING PROFESSIONAL: E. Cummings EDUCATION LIAISON: J. Boyd

REASON FOR REFERRAL

LaRoyce was referred for a routine three year re-evaluation. The student is currently enrolled in special education.

STAGE I OF ASSESSMENT

PHYSICAL, MENTAL, AND EMOTIONAL CONDITIONS

Language

Language dominance and proficiency assessment was performed on an informal basis and consisted of information obtained from local building staff as well as from interview of the student and information from parents. Assessment of language dominance and proficiency indicates that this student should be considered English dominant in both receptive and expressive language for the purpose of this evaluation.

Physical

A review of health history information collected during the referral process and observation during evaluation indicated no known significant health problems that may adversely affect school progress.

Emotional/Behavioral

Information provided by local building personnel and parents indicates no significant emotional/behavioral problems have been observed that may adversely affect learning. During the individual testing process, the student demonstrated normal levels of attention, cooperation, and patience.

Sociological

Sociological information was obtained from the student's parent. LaRoyce appears to meet the social expectations of his socio-cultural peer group. No identifiable sociological variables that may adversely affect learning at school were noted. More specific sociological information is attached.

Intellectual and Adaptive Behavior

Present measurable intellectual functioning was assessed using the Wechsler Intelligence Scale for Children-Revised (WISC-R). The WISC-R yielded the following results:

Verbal Scale IQ score of 75
Performance Scale IQ score of 84
Full Scale IQ score of 78

Performance Scale functioning was significantly higher than Verbal Scale. This measurement is believed to be a valid estimate of the range in which LaRoyce is capable of functioning. More specific assessment information is attached. Adaptive behavior functioning is believed to be within the limits of personal independence and social responsibility expected of LaRoyce's age and cultural group, both in school and away from school and appears to be commensurate with intellectual measures.

STAGE II OF ASSESSMENT

EDUCATIONAL PERFORMANCE LEVELS

Present educational performance levels were assessed through use of the Woodcock-Johnson Psycho-Educational Battery (W-J P-E B) part 2. Performance levels evaluation using the W-J P-E B part 2 yielded the following results:

	Grade Score	Instructional Range	Age Score	Standard Score
Reading	2.6	2.2-3.2	7-9	72
Math	5.6	4.7-6.6	11-0	83/82
Written Language	4.2	3.4-5.2	9-3	81/80

Regular classroom observation was also a part of the performance levels assessment. More specific Stage II Assessment information is attached. When measured potential was compared with achievement, LaRoyce demonstrated no significant deficits on educational performance levels testing.

STAGE III OF ASSESSMENT

BASIC LEARNING COMPETENCIES

The assessment of learning competencies was completed using informal testing. Skills deficits are noted on the attached report.

RECOMMENDATIONS TO ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE

The results of comprehensive assessment suggest that the student meets the eligibility criteria for transitional Learning Disabled (student no longer statistically qualifies; he has been working relatively well in regular classes during his seventh grade year) and a more restricted class setting may be warranted. Consideration for instructional curriculum should include the following: maintain in resource room through eighth grade year but prepare him to be mainstreamed when he enters high school.

Note: information included in this document reflects the most current administration of assessment instruments included in the Student Services folder. The name of the person administering the instrument and date of administration are recorded in the folder.

08-8650-0157-11
Form SE-86—5M—0101—84-E

WRITTEN REPORT OF ELIGIBILITY: LEARNING DISABLED ASSESSMENT DATA

dallas independent school district

STUDENT NAME (LAST, FIRST, M.I.)	CHRONOLOGICAL AGE	STUDENT ID NO. / DATE OF BIRTH / DATE OF ASSESSMENT
Smith, LaRoyce	13	507954 / 4-23-71 / 3-14-85
SCHOOL		

PROFESSIONAL EVALUATORS: Regular education teacher, person trained/certified in area of learning disabilities, assessment specialist.

STANDARD INTELLIGENCE AND ACHIEVEMENT TEST SCORES

☐ YES ☒ NO DOES THIS STUDENT'S SCORE ON THE WISC-R (STANDARDIZED INTELLIGENCE TEST) 3-14-85 (DATE ADMINISTERED) DEMONSTRATE THAT HE/SHE IS MENTALLY RETARDED?

☐ YES ☒ NO A COMPARISON OF THIS STUDENT'S STANDARD SCORES ON THE ABOVE REFERENCED INTELLIGENCE TEST AND THE WJ PEB (STANDARDIZED ACHIEVEMENT TEST) 3-14-85 (DATE ADMINISTERED) DEMONSTRATES A SEVERE DISCREPANCY (MORE THAN ONE STANDARD DEVIATION) BETWEEN ACADEMIC ACHIEVEMENT AND INTELLECTUAL ABILITY IN:

AREA(S) OF DISABILITY

IF A SEVERE DISCREPANCY DOES EXIST BASED ON THE COMPUTED STANDARDIZED SCORES COMPLETE THE FOLLOWING:

DEGREE OF DISCREPANCY

METHOD OF COMPUTING SEVERE DISCREPANCY

ADDITIONAL DOCUMENTATION: IF ELIGIBILITY CANNOT BE DETERMINED BY THE ABOVE PROCEDURE, A SEVERE DISCREPANCY BETWEEN ACADEMIC ACHIEVEMENT AND INTELLECTUAL ABILITY CAN BE DOCUMENTED BY USING ALL OF THE FOLLOWING (INCLUDE DATE AND INTERPRETATION OF EACH, SPECIFY ATTACHMENTS IF ANY).

DATA OBTAINED FROM STANDARDIZED ASSESSMENT INSTRUMENTS

REPORTS FROM PARENTS

OBSERVATION OF CLASSROOM PERFORMANCE

06-8850-0157-21
Form SE-87—SM—0102—84-E

WRITTEN REPORT OF ELIGIBILITY:
LEARNING DISABLED
ASSESSMENT DATA

dallas independent school district

STUDENT NAME (LAST, FIRST, M.I.)	STUDENT ID NO. / DATE OF ASSESSMENT
LaToyce Smith	507954 / 3-14-85

STUDENT WORK SAMPLES

OTHER ITEMS AS NEEDED

THE FOLLOWING RELEVANT CLASSROOM BEHAVIOR WAS OBSERVED BY:

OBSERVER NAME	POSITION	DATE OF OBSERVATION
E Cummings	Assessment Specialist	3-14-85

OBSERVATIONS

Self distracts by asking irrelevant questions. Shows some inconsistent reading (decoding) and math (regrouping) skills.

RELATIONSHIP OF THIS CLASSROOM BEHAVIOR TO THE STUDENT'S EDUCATION FUNCTIONING

Has passed all regular classes.

EDUCATIONALLY RELEVANT MEDICAL FINDINGS (IF ANY)

none

BASED ON THE DATA DOCUMENTED IN THIS REPORT, IT IS DETERMINED THAT THE SEVERE DISCREPANCY IS NOT CORRECTABLE WITHOUT SPECIAL EDUCATION FOR THE FOLLOWING REASON(S):

NA

08-8R50-0157-30
Form SE-87A — 3M — 0103 — 84 E

WRITTEN REPORT OF ELIGIBILITY:
LEARNING DISABLED
ASSESSMENT DATA -

dallas independent school district

STUDENT NAME (LAST, FIRST, M.I.)	STUDENT I.D. NO.
LaRoyce Smith	507951
	DATE OF ASSESSMENT: 3-14-85

THE FOLLOWING HAVE BEEN RULED OUT AS THE PRIMARY CAUSE OF THE SEVERE DISCREPANCY:

YES	NO	AREA	SOURCE OF DATA
		EMOTIONAL DISTURBANCE	DSI, teacher report
		VISUAL	Health Information
		HEARING	
		ORTHOPEDIC	
		CULTURAL DIFFERENCES	DSI
		ENVIRONMENTAL CAUSES	
		ECONOMIC DISADVANTAGES	

BASED ON THE DATA PRESENTED IN THIS REPORT LaRoyce (STUDENT NAME) DOES NOT APPEAR TO MEET THE ELIGIBILITY CRITERIA FOR A LEARNING DISABILITY ~~IN THE FOLLOWING AREA(S) OF DISABILITY:~~

Transitional placement is recommended for up to one year.

SIGNATURES OF PROFESSIONAL EVALUATORS	CONCUR	DISSENT	DATE
REGULAR EDUCATION TEACHER Juanita Boyd			
PERSON TRAINED/CERTIFIED IN LEARNING DISABILITY BMaddox	✓		4-10-85
ASSESSMENT SPECIALIST E. Cummings	✓		4-10-85

WISC-R RECORD FORM

Wechsler Intelligence Scale for Children—Revised

ADDRESS 121

PARENT'S NAME

SCHOOL Hulley GRADE 7

PLACE OF TESTING TESTED BY Lippman

REFERRED BY

WISC-R PROFILE

Clinicians who wish to draw a profile should first transfer the child's scaled scores to the row of boxes below. Then mark an X on the dot corresponding to the scaled score for each test, and draw a line connecting the X's.*

Scaled Score	VERBAL TESTS						PERFORMANCE TESTS						Scaled Score
	Information	Similarities	Arithmetic	Vocabulary	Comprehension	Digit Span	Picture Completion	Picture Arrangement	Block Design	Object Assembly	Coding	Mazes	
19	•	•	•	•	•	•	•	•	•	•	•	•	19
18	•	•	•	•	•	•	•	•	•	•	•	•	18
17	•	•	•	•	•	•	•	•	•	•	•	•	17
16	•	•	•	•	•	•	•	•	•	•	•	•	16
15	•	•	•	•	•	•	•	•	•	•	•	•	15
14	•	•	•	•	•	•	•	•	•	•	•	•	14
13	•	•	•	•	•	•	•	•	•	•	•	•	13
12	•	•	•	•	•	•	•	•	•	•	•	•	12
11	•	•	•	•	•	•	•	•	•	•	•	•	11
10	•	•	•	•	•	•	•	•	•	•	•	•	10
9	•	•	•	•	•	•	•	•	•	•	•	•	9
8	•	•	•	•	•	•	•	•	•	•	•	•	8
7	•	•	•	•	•	•	•	•	•	•	•	•	7
6	•	•	•	•	•	•	•	•	•	•	•	•	6
5	•	•	•	•	•	•	•	•	•	•	•	•	5
4	•	•	•	•	•	•	•	•	•	•	•	•	4
3	•	•	•	•	•	•	•	•	•	•	•	•	3
2	•	•	•	•	•	•	•	•	•	•	•	•	2
1	•	•	•	•	•	•	•	•	•	•	•	•	1

*See Chapter 4 in the manual for a discussion of the significance of differences between scores on the tests.

	Year	Month	Day
Date Tested	85	3	14
Date of Birth	71	4	23
Age	13	11	21

	Raw Score	Scaled Score
VERBAL TESTS		
Information	12	5
Similarities	12	7
Arithmetic	12	8
Vocabulary	20	3
Comprehension	17	7
(Digit Span)	( )	( )
Verbal Score		30
PERFORMANCE TESTS		
Picture Completion	19	8
Picture Arrangement	17	5
Block Design	24	7
Object Assembly	22	8
Coding	54	10
(Mazes)	( )	( )
Performance Score		38

	Scaled Score	IQ
Verbal Score	30	75
Performance Score	38	84
Full Scale Score	68	78

*Prorated from 4 tests, if necessary.

NOTES

distracted by self - by question which is not immediately understood

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The Psychological Corporation, New York, N.Y. 10017
74-103AS 9-990334

If appl., what is the reason for questioning the results? _____

Subtest / CLUSTER	Raw Score	Part Score from Table A	CLUSTER SCORE	Grade Scale	INSTRUCTIONAL RANGE Easy	INSTRUCTIONAL RANGE Difficult	Age Scale	AVERAGE CLUSTER SCORE ☐ Grade ☐ Age	a CLUSTER DIFFERENCE SCORE	Percentile Rank at ☐ Grade ☐ Age	Percentile Rank Range	RPI at ☐ Grade ☐ Age	Functioning Level
13. L-W Ident	(54)	156											
14. Word Attack	(26)	152											
15. Pass Comp	(25)	162	473	2.6	2.2	3.2	2-9	518	-45	3	2 to 5	/90	72
16. Calculation	(42)	258						523	-50	3	2		
17. Appl Probs	(49)	257	509	5.6	4.7	6.6	11-0	527	-18	13	9 to 18	/90	83
18. Dictation	(40)	252						534	-25	11	8	1.5	92
19. Prooling	(29)	246	498	4.2	3.4	5.2	9-3	525	-27	10	8 to 12	/90	81
20. Science	(39)							529	-31	9	8	12	82
21. Soc Studies	(37)												
22. Humanities	(36)												

13. L-W Ident	18	(54)											
17. Appl Probs	37	(49)											
18. Dictation	15	(40)											

23. Reading Interest		(25)											
24. Math Interest		(25)											
25. Wr Lang Interest		(25)											
26. Physical Interest		(35)											
27. Social Interest		(35)											

RESULTS FROM RELATED TESTS:

Test	Date of Testing	Results

RECOMMENDATIONS FOR FURTHER TESTING AND/OR PROGRAM PLANNING:

WHITE — Central File
CANARY — Local Building
PINK — Area Office

dallas independent school district

AREA ARD REVIEW OF LOCAL STAFFING

Student's Name Smith, (Last) LaRoyce (First) (Middle) Date of Review 1-30-79

Adaptive Education No. 53817 Student Identification No. 507954

Referring School T. G. Terry Birth Date 4-23-71

Review of (Date) Local ARD Staffing 1-31-79 (Date) Copy to: Jerry

COMPLETED FORMS RECEIVED:

1.0 ___ Pupil Personnel Committee Screening Report

1.1 ✓ Teacher's Observation Checklist

1.2 ✓ School and Health Information

Current Vision 4/78 (Date) and Hearing 2/78 (Date)

2.0 ✓ Referral for Individual Study

3.0 ___ Professional Reports Psychological 6/22/78 (Date) Educational ___ (Date)

4.0 ✓ Admission, Review, and Dismissal Report

4.1 ___ Eligibility for Transportation

H-56 ___ Physical Exam (School Health Services) ___ (Date)

6.0 ___ Parent Approval ___ (Date)

___ Sociological (Parent Questionnaire) ___ (Date)

AREA ARD DECISION

Local ARD Staffing has been reviewed and found:

___ Unacceptable for following reasons:

✓ Forms not received

H56

___ Eligibility not established

___ Other

___ Acceptable for ___ (Handicap) ___ (Code)

Regular classroom (Instructional Arrangement) ___ (Grade Level)

pending H56

Approved for: ___ Hours in Resource Room

___ (Date) Case completed for placement at Jerry (School)

AREA ARD COMMITTEE:

Jan Edwards
Chairperson

Bert Lakowitz
Psychologist

Chris Mundt LVN
Nurse (Health Services)

[signature]
Home-School Coordinator

Other

Form 92-38 — 5084 — 5223 — 78

WHITE — Central File
CANARY — Local School
PINK — Building Nurse
GOLDENROD — Speech Clinician or Other

124

yp

FEB 11 1981

1.2

dallas independent school district

HEALTH INFORMATION

Student's Name: Smith, LaRoyce Birth Date: 4 (Mo.) 23 (Day) 71 (Yr.)

Student's Identification No. 507954 Student Services No. 53817

School T. G. Terry Elem. Grade 3 Section C

Vision: R 20/20 L 20/20 Date Tested 1/28/81 (Mo. Day Yr.) Comment/Type Test Snellen

Hirschberg f Color Vision f Plus Lens f

Hearing: R P/F L P/F Date Tested 1/29/81 (Mo. Day Yr.) Comment/Type Test Screening

BRIEF HEALTH HISTORY: Date 2/3/81 Informant Mother

General health good - last seen by a doctor 12/80 for allergies (Has seasonal allergies). Takes NO med: on a regular basis. Had to wear braces at age 2-3 y/o for feces (broad knee) for 1½ years. Immun. complete.

☐ New referral

☐ Re-evaluation

☐ Yes ☐ No Nurse to participate in ARD

☐ Current Medical exam available _____ (Date of exam/Examiner)

☑ Medical pending; appt. date _____

☐ Medical exam. not indicated

☐ Specialty exam. needed/available _____ (Type)

R. Walker Date: 2/3/81
School Nurse

Form SE-22—9M—0483—79

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

dallas independent school district

PUPIL PERSONNEL COMMITTEE

Screening Report

School J. H. Terry Date 2-5-81

Student's Name Latoyce Smith Birth Date 4-23-71 Grade 3 ID. No. 507954

Father Leroy Smith Mother Johnnie Mae Smith

Child lives with parents (Relationship) Address 7427 Brierfield

Name _____ (If other than parent) Telephone: Business Father _____ Home 224-7690 Mother _____

A (N) MA Ind Or Other (Ethnicity) (M) F (Sex) Results of Language Dominance Test: (E) Sp. Other (Primary Language)

Group Tests: (give name, date administered, and results) Comp. 1.7
ITBS 1.3 Lang Vocab. Total 1.0

Reason for Referral: Academic (describe) very weak in reading spelling and math; does not retain instruction from day to day
Behavioral (describe) very short attention span; aggressive in activities
Other (describe) speech is difficult to understand.

Results of parent contact concerning student's difficulties as reflected in this referral:
Mrs. Smith was favorable.

By whom? Mrs. Phelps; Date(s) 11-80 ; 1-81

By what means? ☐ School Conference ☐ Home Visit ☐ Telephone

Action taken (list alternatives attempted with student)
1. Call to PPC
2. Plan tutoring
3. Special help after school
Homework with parent help.

RECOMMENDATIONS:

☐ Regular class placement ☐ Alternate program _____ (Type) ☐ Tutoring

☐ Counseling _____ (By Whom) ☐ Adjust individualized instruction

☐ Parent conference ☐ Refer to ARD Committee ☐ Other _____

Pupil Personnel Committee:

Daniel McKay (Administrator) — Pat Middleton (Name and Position)
Jimmy Vann - Plan A — Ruby Baker
Virginia Phelps 3rd gd. — Bobbie Anglin
Bobbie J. Penland - 3rd gr. — Donna Downey - Plan A

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

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dallas independent school district

TEACHERS' OBSERVATION CHECKLIST
FOR PUPIL PERSONNEL COMMITTEE
(To be completed by each teacher of student)

Name Smith, LaRoyce
Last First Middle

Student's Identification No. 507954 Student Services No.

Please respond to each item by marking the number which best represents your opinion of this child's behavior:

1. Definite strength; 2. Fairly strong; 3. Comparable to peers; 4. Fairly weak;
5. Definite weakness.

5 Reading (estimated grade level 2.0)
4 Arithmetic (skills, addition, subtraction, multiplication, div., etc.)
5 Spelling (estimated grade level 2.0)
3 Completes assignments
1 Attendance

2 Cooperates with teacher
1 Controls emotions
1 Relates well to peers
1 Is not disruptive
5 Attends to instruction
5 Retains instruction

5 Attention span
1 Accepted by peers
1 Respects teacher
5 Speech difficulties
Other

Have you contacted the parent regarding the student's problems? No Yes ✓

Results of contact (Date 11-80); Mrs. Smith and I discussed the possibility of having LaRoyce tested if he didn't start retaining what was presented to him. 1-81 - I sent a letter telling Mrs. Smith I was going ahead with the referral. She was agreeable in Nov.

Describe your efforts to assist this student: include alternative approaches utilized:
one to one; peer tutoring;

What type of assistance do you feel this student needs? Special Ed services

School T. G. Terry Elem.
Teacher Virginia A Phelps
Subject 3rd self-contained
Date 1-19-81

F-21—2650—8433—79

WHITE — Central File
CANARY — Local School
PINK — Building Nurse
GOLDENROD — Speech Clinician or Other

dallas independent school district

53817

HEALTH INFORMATION

Student's Name: Smith, LaRoyce Birth Date: Mo. 4 Day 23 Yr. 71

Student's Identification No. 507954 Student Services No. 53817

School T. G. Terry Elem. Grade 3 Section 7C

Vision: R 20/20 L 20/20 Date Tested Mo. 1 Day 28 Yr. 81 Comment/Type Test Illit

Hirschberg — Color Vision — Plus Lens —

Hearing: R P L P Date Tested Mo. 1 Day 28 Yr. 81 Comment/Type Test Screen

BRIEF HEALTH HISTORY: Date 2/3/81 Informant Mother

General health good - last seen by a doctor 6/80 for allergies (Has several allergies). takes NO med. on a regular basis. Has worn braces at one -- 3 yrs for about 1 and 1/2 years. Immun complete.

- [ ] New referral
- [ ] Re-evaluation
- [ ] Yes [ ] No Nurse to participate in ARD
- [ ] Current Medical exam available _____ Date of exam/Examiner
- [x] Medical pending; appt. date _____
- [ ] Medical exam. not indicated
- [ ] Specialty exam. needed/available _____ Type

_____ Date: 2/3/81
School Nurse

Form ST-22—10M—5483—79

FEB 11 1981

C 1.0

#53817

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

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PUPIL PERSONNEL COMMITTEE
Screening Report

School J. G. Terry Date 2-5-81

Student's Name LaRoyce Smith Birth Date 4-23-71 Grade 3 ID. No. 507954

Father Leroy Smith Mother Johnnie Mae Smith

Child lives with parents (Relationship) Address 7427 Brierfield

Name _____ (If other than parent) Telephone: Business _____ Father _____ Home 224-7690 Mother _____

A (N) MA Ind Or Other (Ethnicity) (M) F (Sex) Results of Language Dominance Test: (E) Sp. Other (Primary Language)

Group Tests: (give name, date administered, and results) Comp. 1.7
ITBS 1.2 Lang. Vocab. Total 1.0

Reason for Referral: Academic (describe) very weak in reading spelling and math. does not retain instruction. low comprehension
Behavioral (describe) very short attention span; agressive in activities
Other (describe) speech is difficult to understand.

Results of parent contact concerning student's difficulties as reflected in this referral:
Mrs. Smith was favorable.

By whom? Mrs Phelps Date(s) 11-80 ; 1-81

By what means? ☐ School Conference ☐ Home Visit ☐ Telephone

Action taken (list alternatives attempted with student)
1. Due to me homework with parents help.
2. peer tutoring
3. special help after school

RECOMMENDATIONS:

☐ Regular class placement ☐ Alternate program _____ (Type) ☐ Tutoring

☐ Counseling _____ (By Whom) ☐ Adjust individualized instruction

☐ Parent conference ☑ Refer to ARD Committee ☐ Other _____

Pupil Personnel Committee:

Daniel A Roy (Administrator) — Pat middleton - Sp/Lang. Clinician (Name and Position)
Jenny Vines - Plan A (Name and Position) — Ruby Baker (Name and Position)
Virginia Phelps - 3rd gd. (Name and Position) — Bobbie Anglin (Name and Position)
Bobbie J Kerlin 2nd gr. — Donna Browning - Plan A

Form SE-99 — 10M — 3434

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

1.1

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TEACHERS' OBSERVATION CHECKLIST
FOR PUPIL PERSONNEL COMMITTEE
(To be completed by each teacher of student)

Name Smith, La Royce
Last First Middle

Student's Identification No. 507954 Student Services No. 53817

Please respond to each item by marking the number which best represents your opinion of this child's behavior:

1. Definite strength; 2. Fairly strong; 3. Comparable to peers; 4. Fairly weak;
5. Definite weakness.

5 Reading (estimated grade level 2.0)	2 Cooperates with teacher	5 Attention span
4 Arithmetic (skills, addition, subtraction, multiplication, div., etc.)	1 Controls emotions	1 Accepted by peers
	1 Relates well to peers	1 Respects teacher
5 Spelling (estimated grade level 2.0)	1 Is not disruptive	5 Speech difficulties
3 Completes assignments	5 Attends to instruction	Other
1 Attendance	5 Retains instruction	

Have you contacted the parent regarding the student's problems? No ___ Yes ✓

Results of contact (Date 11-80) Mrs. Smith and I discussed the possibility of having LaRoyce tested if he didn't start retaining what was presented to him. 1-81 - I sent a letter telling Mrs. Smith I was going ahead with the referral. She was agreeable in Nov.

Describe your efforts to assist this student: include alternative approaches utilized:
one to one; peer tutoring;

What type of assistance do you feel this student needs? Special Ed services

School J. G. Terry Elem.
Teacher Virginia S. Phelps
Subject 3rd self-contained
Date 1-19-81

SE-81—80M—3453—79

4-27-81
DATE

130

53817
Student Services Number

TIME

dallas independent school district

DEVELOPMENTAL AND SOCIOLOGICAL INFORMATION

I. IDENTIFYING INFORMATION:

La Royce Smith	4-23-71	M	N	3	T.G. Terry	
Name of Child	Birthdate	Sex	Race	Grade	School	
Le Roy Smith	Vacuum Heat Treat	357-0394	Truck Driver			
Father's Name	Employer	Job Title	Phone			
Johnnie Smith	Mostek	assembler supervisor	323-6934			
Mother's Name	Employer	Job Title	Phone			
Step-Father	Employer	Job Title	Phone			
Step-Mother	Employer	Job Title	Phone			
Parents	7427 Brierfield	224-7690				
Child lives with	Address	Phone				

How many languages are spoken in the home? 1 The language most spoken in the home? English

Are the parents separated or divorced? No When? _____ Who has legal custody of the child? Parents Describe the child's contact with the absent parent. _____

List the names of all family members beginning with the oldest.

	NAME	BIRTHDATE	SEX	GRADE IN SCHOOL NOW	HIGHEST GRADE COMPLETED/ TECHNICAL TRAINING
Father	La Roy Smith	9-23-43	M		11
Mother	Johnnie Smith	2-20-43	F		12
CHILDREN	Myron Wilson	8-28-61	M		12
	Norvetta Smith	12-16-77	F		

Please describe what you believe your child's problems and concerns are: He is slow and has difficulty remembering what he has learned

Has your child every repeated a grade? yes Which grade? 1st

If you child was absent more than 10 days last year or this year, what were the reasons? Illness

Describe any special program or special education class that your child has been involved with. —

Please describe how your child spends time at home. He likes to play a lot, mostly outside

Does your child tire easily? yes. When playing, he will stop and rest often

Does your child seem overactive? yes Have difficulty paying attention? yes

What does your child do to get attention? He bothers his sister, makes noises, etc. He is an affectionate child and likes for you to notice him

Describe the circumstances in the home which might affect your child's school performance.

Both parents are working and do not give him enough of their time

In the home, who is responsible for most of your child's discipline? Mother

What is the most effective means of discipline you have found for this child? Nothing works best If you spank him, he is back to normal in a few minutes. If you send him to his room, etc., he will entertain himself doing something

When punished (scolded), how does your child react or behave?

When spanked, he may cry a little

III: COGNITIVE DEVELOPMENT (Begin questions at or near child's chronological age).

Behavior:

	Year	Yes	No
Smiles when she/he sees a familiar face	0 - 1		
Drops and picks up toy	0 - 1		
Finds object (toy) hidden under container	0 - 1		
Points to one body part	1 - 2		
Points to self when asked "Where is Name?"	1 - 2		
Scribbles	1 - 2		
Copies a circle	2 - 3		
Names objects that make sounds	2 - 3		
Points to big and little upon request	2 - 3		
Points to boy and girl on verbal demand	3 - 4		
Tells if object is heavy or light	3 - 4		
Counts to 3 in imitation	3 - 4		
Copies triangle on request	4 - 5	✓	
Names 8 colors	4 - 5	✓	
Counts by rote 1-20	4 - 5	✓	
Names left and right on self	5 - 6	✓	
Says letters of alphabet	5 - 6	✓	
Names days of week in order	5 - 6	✓	
Remembers holidays and special events	6 - 7	✓	
Knows phone number or address	6 - 7	✓	
Recognizes danger signs	6 - 7	✓	
Makes correct change for $1.00	7 - 8		✓
Reads comics, magazines, books	7 - 8	some	
Initiates games	7 - 8		✓
Saves money for special purchases	8 - 9		✓
Belongs to "Clubs" or has "Best friend"	8 - 9	He has	
Goes to movies, ball games, etc. with other friends	8 - 9	✓	
Runs errands, takes messages	9 - 10	✓	
Plans vacation activities (ahead of time)	9 - 10	✓	
Uses a pay telephone	9 - 10	✓	

IV: LANGUAGE DEVELOPMENT:

Does your child have any difficulty in speaking? Yes _____ No ✓

If yes, describe. _____

Is your child able to express verbally his/her needs and desires? Yes

Is your child's speech marked by any long pauses, repetitions, or difficulty getting words out? no

Does your child have difficulty in making you or anyone else in his/her environment understand him/her? No

Does your child appear upset when he fails to make himself understood? yes

Does your child seem to have difficulty paying attention? yes

Have you every suspected a hearing problem? No

V: PERSONAL DEVELOPMENT:

Describe your feelings and attitudes about this pregnancy and birth.

mother had high blood pressure and went into convulsions before and during delivery.

What was your age with this pregnancy? 28

Have you every had a miscarriage? Yes ✓ No _____ When? Before La Royce

Was this a full-term baby? Yes

Birthweight 6 lbs. 12 ozs.

Were you in labor longer than 10 hours? No

Were there any feeding problems or illnesses during the first months of life? He was very nervous at birth and had difficulty digesting his formula for three or four months

VI: DEVELOPMENTAL TASKS:

Tell me about your child's motor development Normal

Is your child's balance and coordination as good as other children the same age? Yes

Tell me when your child first:

Crawled He didn't crawl

Walked without help 11 Mo.

Was toilet trained 2 yrs.

Describe the kind of physical activity you allow your child to do at home: Whatever is normal for children his age

Tell me about your child's eating habits. He eats good

When did your child begin to feed him/herself independently? 12 Mo.

Does the family often eat together? No

Has your child had a recent weight loss or gain? No, but he is overweight

Does your child often skip breakfast? No

Does your child:

Use appropriate utensils when eating? Normal

Prepare his/her own sandwich?

Help clear the table?

Use knife for spreading?

Pour from a pitcher?

Use napkins?

Stab food with fork?

Tell me about your child's activities one hour before bedtime? Watching TV

Does your child have difficulty sleeping? No, but he talks a lot in his sleep
(Nightmares, sleepwalking, etc.)

Does your child need medication to sleep? No If yes, what is taken? _____

Does your child get at least 8-9 hours sleep each night? yes

Is your child in the habit of thumbsucking at bedtime? No

Are your child's bowel-bladder habits normal? yes

VII: FAMILY RULES:

YES	NO	
✓		Has regular routine chores? What are the chores? He helps with housework
		Are these completed? ✓
✓		Has limits on TV viewing?
✓		Has regular study time 3:30 PM Where? at the breakfast table
✓		Returns home from school at a set time? 3:00 P.M.
✓		Has a set time to come home at night?
✓		Is allowed to play anywhere in the neighborhood?
	✓	Is allowed to date?
✓		Cooperates with adult requests 75% of the time?
✓		Asks permission to use objects belonging to others 75% of the time?
✓		Joins in conversation at mealtime?
	✓	Participates in social activities? Not at the present time
✓		Has regular bedtime. 9:00 P.M.

VIII: CHILD'S FAMILY:

Has anyone else in your family had any learning problem or difficulty in school? no

Describe your child's relationship with other family members. Good

Please describe the activities that your family participates in or on a regular basis. Picnics, etc.

Which members of the family no longer live at home? —

List names of other family members or friends living in your home. —

Which member of your family does your child look up to the most? mother

Do you have a concern about drug or alcohol use in your home or community? —

Have family members been involved in counseling (psychological, psychiatric?) no

Are there any health problems which have been passed from one generation to another?
(Diabetes, Sickle Cell, etc.) Mother is diabetic.

IX: FAMILY'S EDUCATIONAL EXPECTATIONS:

What are the goals for your child in terms of education? (This is not to be interpreted as a commjtment.)
To be able to learn and cope with this world

Language: _____

Learning: _____

Socialization: _____

Physical Education: _____

Vocational: _____

Behavioral: _____

x Johnnie Smith
Signature of person providing information

ADAPTIVE BEHAVIOR SCALE ADMINISTERED:

VINELAND Yes _____ No _____
date

SOMPA Yes _____ No _____
date

OTHER Yes _____ No _____
date

Norwood King
Home-School Coordinator

*COMMENTS: _____

*To be used by person supplying information and/or Home-School Coordinator

WHITE — Psychological Services
CANARY — School
PINK — Appraisal Team

138

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MAY 2 6 1981

PSYCHOLOGICAL SERVICES

XX

Case No. 53819

Name Smith, LaRoyce

School Terry Grade 3

Ethnic Group or Race N

Home Address 7427 Brierfield

Child Lives With Johnnie & LeRoy Smith (Name) parents (Relationship)

Date 81 5 6 (Year Month Day)

DOB 71 4 23

Age 10 0

Sex M

Home Phone 224-7690

Bus. Phone 323-6000/6934

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Reason for Referral: Academic/Learning ☐ Language/Speech ☐ Behavioral/Emotional ☐ Physical Handicap ☐

Vision ☐ Hearing ☐ S. E. Re-evaluation ☐ Other

School Information: Met. Readiness %tile Other

Vision R 20/20; L 20/20 DATE

Date 1-28-81

Achievement — ITBS

Date	VOC	RC	SP	CAP	PUNC	US	TL	MR	R GAT	Ref Mat	TWS	Math Con	Math PS	TM

Hearing R P; L P

Date 1-29-81

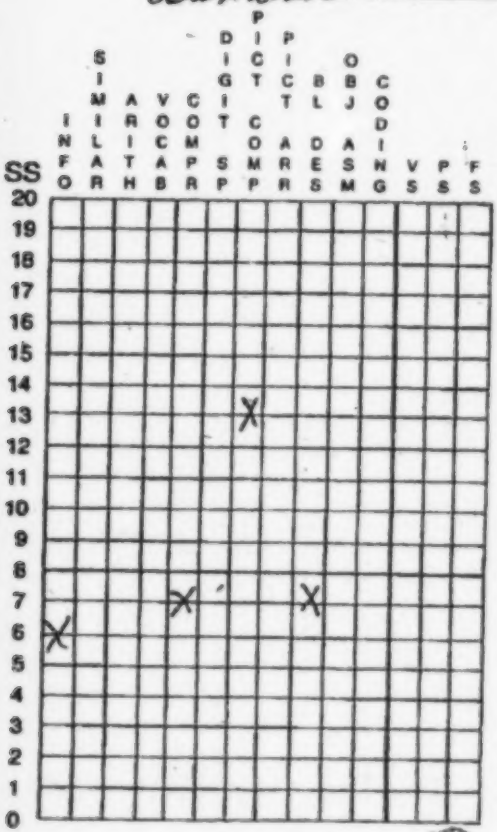
TESTS ADMINISTERED

Wechsler Intelligence Scale (WISC-R) (WAIS)

Verbal

Performance

Estimated Full Scale 88



IQ	%tile
150	99
145	99
140	99
135	99
130	98
125	95
120	91
115	84
110	75
105	63
100	50
95	37
90	25
85	16
80	9
75	5
70	2
65	1
60	1
55	1
50	1

Stanford-Binet Intelligence Scale

CA MA IQ

Wide Range Achievement Test

	GP	SS
Reading		
Spelling		
Arithmetic		

Peabody Individual Achievement Test

	GP	SS
Mathematics		
Read Rec.		
Read Comp.		
Spelling		
Gen. Info.		
Total		

Other Evaluation Instruments

Bender Gestalt
DAP
Free Choice Drawing

Previous DISD Evaluation

6-22-78 by D'Anna Morrow, Psy Assoc.
WISC-R V=88 P=87 FS=87

Data Received from Other Sources

Date Agency

Form PS-1 (Rev.)—2500—0498—81-S

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CANARY — Local School
PINK — Appraisal Team
GOLDENROD — Parent

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20

REFERRAL FOR INDIVIDUAL STUDY

Comprehensive Appraisal Services

Student Services No. 53817 Date Received _____ (Month / Day / Year)

Student Identification No. 507954

Name of Pupil Smith, La Royce (Last / First / Middle) Birth Date 4-23-71 (Month / Day / Year)

Father LeRoy Smith Mother Johnnie Smith

Child Lives with Parent (Relationship) Address 7427 Brierfield

Name _____ (If other than parent) Telephone: Business Father _____ Home 224-7690

Mother 323-6000/6934

School T. G. Terry Grade 3

ETHNICITY						SEX	
1 A	(2 N)	3 MA	4 IND	5 OR	6 OTH	(1 M)	2 F

Language used in the home is primarily: (1) English 2 Spanish 3 Other (Circle One)

PARENTAL AUTHORIZATION AND CONSENT

The purpose of this request for Student Services has been discussed with me. I understand that the following services may be required:

- ✓ 1. Classroom observation
- ✓ 2. Educational appraisal
- ✓ 3. Speech and language evaluation
- ✓ 4. Family and individual background and adaptive behavior
- ✓ 5. Psychological appraisal
- ✓ 6. Medical specialty consultation mother wants DISD to do the Physical
- ✓ 7. General medical evaluation: vision and hearing testing
- ✓ 8. Physical therapy and/or occupational therapy evaluation
- ✓ 9. Other any of these as needed
- ✓ 10. Consideration for Special Education placement

Date: 4-27-81

J. Norwood King
DISD Professional Personnel Securing Authorization

Johnnie Smith
Parent or Legal Guardian

PERMISSION TO REQUEST PERTINENT INFORMATION

Permission is granted to Student Services to request pertinent information, such as

___ school records, ___ medical records, ___ sociological records, ___ psychological

and/or psychiatric reports of _____ (Student's Name)

from: _____ (Name of Agency / Address / City / State / Zip)

Date: _____ _____ (Signature of Parent or Legal Guardian)

SE-30—2M—3437—71

WHITE — Appraisal Team Central File
CANARY — Local School
PINK — Appraisal Team
GOLDENROD — Parent

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2.0

REFERRAL FOR INDIVIDUAL STUDY

Comprehensive Appraisal Services

Student Services No. 53817 Date Received ____ (Month) ____ (Day) ____ (Year)

Student Identification No. 507954

Name of Pupil Smith (Last), La Royce (First) ____ (Middle) Birth Date 4 (Month) - 23 (Day) - 71 (Year)

Father LeRoy Smith Mother Johnnie Smith

Child Lives with Parent (Relationship) Address 7427 Brierfield

Name ____ (If other than parent) Telephone: Business Father ____ Home 224-7690

Mother 323-6000/6934

School T. G. Terry Grade 3

ETHNICITY						SEX	
1	2	3	4	5	6	1	2
A	(N)	MA	IND	OR	OTH	(M)	F

Language used in the home is primarily: (1) English 2 Spanish 3 Other (Circle One)

PARENTAL AUTHORIZATION AND CONSENT

The purpose of this request for Student Services has been discussed with me. I understand that the following services may be required:

- ✓ 1. Classroom observation
- ✓ 2. Educational appraisal
- ✓ 3. Speech and language evaluation
- ✓ 4. Family and individual background and adaptive behavior
- ✓ 5. Psychological appraisal
- ✓ 6. Medical specialty consultation mother wants DISD to do the physical
- ✓ 7. General medical evaluation: vision and hearing testing
- ✓ 8. Physical therapy and/or occupational therapy evaluation
- ✓ 9. Other any of these as needed
- ✓ 10. Consideration for Special Education placement

Date: 4-27-81

Norwood King
DISD Professional Personnel Securing Authorization

X Johnnie Smith
Parent or Legal Guardian

PERMISSION TO REQUEST PERTINENT INFORMATION

Permission is granted to Student Services to request pertinent information, such as

____school records, ____medical records, ____sociological records, ____psychological

and/or psychiatric reports of ____ (Student's Name)

from: ____ (Name of Agency) (Address) (City) (State) (Zip)

Date: ____ ____ (Signature of Parent or Legal Guardian)

SE-30 — 2984 — 3437 — 79

Form 3.0

WHITE — Appraisal Team/Central File
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PINK — Appraisal Team

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Page 1

Student Services Professional Report

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2x

Student's Name Smith (Last) LaRoyce (First) (Middle) School T. G. Terry

Student Identification No. 507954 Student Services No. 53817

Report by Alice Wilson (Name of Person) Educational Diagnostician (Profession)

Birthdate: 4-23-71
Chronological Age: 10-0
Grade: 3.8

Date 5 (Month) 6 (Day) 81 (Year)

Test administered: Woodcock-Johnson Psycho-Educational Battery

LaRoyce was referred for poor academic progress. LaRoyce willingly accompanied the examiner to the testing room. Spontaneous responses were noted. Responses to the examiner's initial questions were verbal. Investment was good. Rapport was established and was considered adequate for valid test results.

RE: Tests of Achievement:

Achievement Clusters	Grade Score	Instr. Range	Age Score	Standard Score
Reading	2.1	1.8 to 2.4	7-3	77
Mathematics	3.0	2.5 to 3.7	8-3	81
Written Language	3.0	2.3 to 3.7	8-2	83
Knowledge	2.2	1.4 to 3.4	7-8	81

At this time, LaRoyce's overall achievement level appears to be 1.1 levels below his present grade placement level.

Reading Skills and Comprehension:
He demonstrated a severe deficit in reading skills. He seems to have learned to recall words by memorizing what they look like as well as by some phonetic elements. His errors at the lower 2nd level were as follows: given got;he said get; once/ounce; point/paint; Piece/please; should/shell. He seemed to recognize some phonetic elements within the "Word Attack" samples though he did try to make real words of many of the samples. His passage comprehension skills were slightly higher than other reading tasks. He seemed to depend somewhat upon trial-error with attention to or expectation of a response from the examiner.

Mathematics Skills and Reasoning:
In his Calculations he was able to do simple addition, subtraction and basic multiplication facts. He did not attack any simple division nor was he skillful with subtraction requiring regrouping.

Written Language:
He wrote spelling words in manuscript. He seems to write the sounds as he hears them but omits letters from common spelling patterns. He recognized 2 errors out of 10 on the Proofing subtest.

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Form 3.0

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Page 2

Student Services
Professional Report

Student's Name Smith (Last) LaRoyce (First) (Middle) School T. G. Terry

Student Identification No. 507954 Student Services No. 53817

Report by Alice Wilson (Name of Person) Educational Diagnostician (Profession)

Date 5 (Month) 6 (Day) 81 (Year)

Knowledge:
LaRoyce demonstrated somewhat limited ability to express what he knows.

Skills:
Data derived from the achievement subtest suggest that LaRoyce's basic skills, needed for successful classroom functioning, are at 2.7 grade level. The achievement subtest profile suggests possible learning problems. The instructional implications profile indicates LaRoyce is functioning with a moderate deficit in Math , Written Language, Knowledge, and with a severe deficit in Reading.

Summary:
In summary, LaRoyce seems to be performing Math and Written Language skills within normal limits of his actual grade placement while performance in reading is lower. Thus, special intervention may not be necessary at this time but may be considered in the future if significant lags are noted.

Recommendations:
1. Consideration by the LARD Committee regarding the least restrictive learning environment.
2. Conference with parents regarding test results.
3. Teach reading with a combined visual aural-oral approach. Phono-linguistics may be an appropriate method.
4. Increase his general fund of words and their meaning through word study beyond his regular spelling lesson.

EXAMINER L. Nelson Testing Date 5/6/81 Reason for Testing

WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY

RESPONSE BOOKLET

PART TWO: TESTS OF ACHIEVEMENT
PART THREE: TESTS OF INTEREST LEVEL

By Richard W. Woodcock and M. Bonner Johnson

NAME La Royce Smith

PARENT GUARDIAN

SCHOOL AGENCY T.G. Terry TEACHER DEPARTMENT

CITY STATE

ADULTS: Occupation

Education

SEX M☐ F☐

BIRTHDATE 4-23-71

AGE 10 Yrs – 0 Mos

GRADE PLACEMENT 3.8

PERCENTILE RANK PROFILE: Norms based on ☐ Subject's Grade Placement

☐ Subject's Age ☐ Other
(Local norms, some other grade level, etc.)

	1	2	5	10	20	30	40	50	60	70	80	90	95	98	99
READING															
MATHEMATICS															
WRITTEN LANGUAGE															
KNOWLEDGE															
SKILLS (Preschool)															
SCHOL INTEREST															
NONSCHOL INTEREST															

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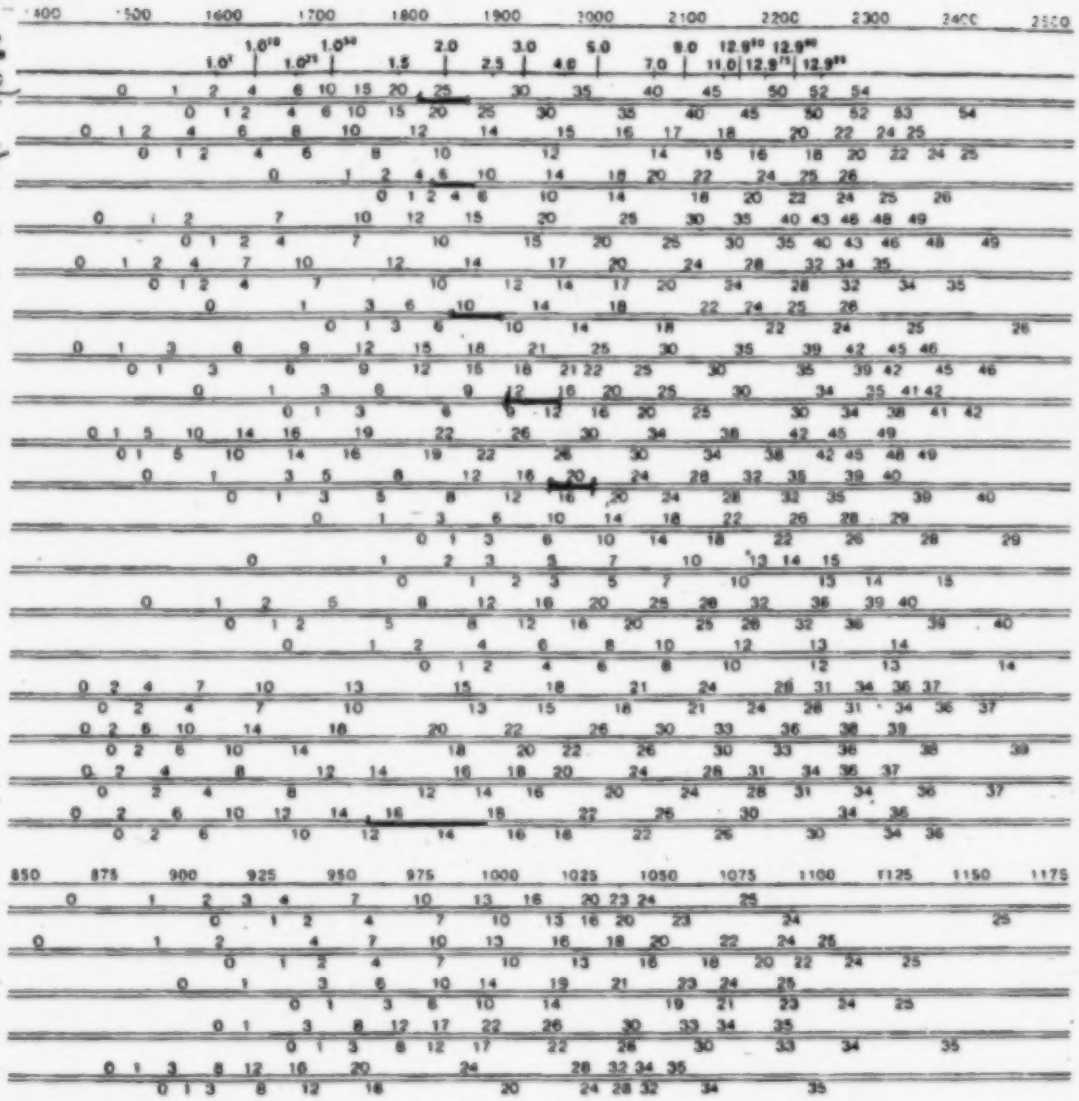
A New York Times Company
50 Pond Park Road
Hingham, MA 02043

SUBTEST PROFILE:

Sum of Achievement Cluster Scores



INSTRUCTIONAL IMPLICATIONS PROFILE:

Instructional Range Key: Easy / Difficult — 96/90 / 75/90

READING: RPI(☐ Grade ☐ Age) = ___/90 Functioning Level ____

MATHEMATICS: RPI(☐ Grade ☐ Age) = ___/90 Functioning Level ____

WRITTEN LANGUAGE: RPI(☐ Grade ☐ Age) = ___/90 Functioning Level ____

KNOWLEDGE: RPI(☐ Grade ☐ Age) = ___/90 Functioning Level ____

1.0¹ 1.0¹⁰ 1.0²⁵ 1.0⁵⁰ 1.5 2.0 2.5 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0 12.9¹⁰ 12.9²⁵ 12.9⁵⁰ 12.9⁷⁵ 12.9⁹⁰ 12.9⁹⁹

WISC-R RECORD FORM

Wechsler Intelligence Scale for Children—Revised

Previously tested DISD

NAME LaRoyce Smith AGE 10y SEX m
145
ADDRESS 142 y Brierfield
PARENT'S NAME LeRoy + Johnnie Smith
SCHOOL T.C. Terry GRADE 3
PLACE OF TESTING school TESTED BY B Quinn
REFERRED BY PPC

WISC-R PROFILE

Clinicians who wish to draw a profile should ~~fill~~ transfer the child's ~~scaled scores~~ to the row of boxes below. Then mark an X on the dot corresponding to the scaled score for each test, and draw a line connecting the X's.*

	VERBAL TESTS						PERFORMANCE TESTS						
	Information	Similarities	Arithmetic	Vocabulary	Comprehension	Digit Span	Picture Completion	Picture Arrangement	Block Design	Object Assembly	Coding	Mazes	
Scaled Score	6				7		13		7				Scaled Score
19													19
18													18
17													17
16													16
15													15
14													14
13							X						13
12													12
11													11
10													10
9													9
8													8
7					X				X				7
6	X												6
5													5
4													4
3													3
2													2
1													1

*See Chapter 4 in the manual for a discussion of the significance of differences between scores on the tests.

	Year	Month	Day
Date Tested	21	5	6
Date of Birth	11	4	23
Age	10	0	13

	Raw Score	Scaled Score
VERBAL TESTS		
Information	10	6
Similarities		
Arithmetic		
Vocabulary		
Comprehension	12	7
(Digit Span)	( )	( )
Verbal Score		
PERFORMANCE TESTS		
Picture Completion	21	13*
Picture Arrangement		
Block Design	15	7
Object Assembly		
Coding		
(Mazes)	( )	( )
Performance Score		

	Scaled Score	IQ
Verbal Score	*	
Performance Score	*	
Full Scale Score (estimated)		98

*Prorated from 4 tests, if necessary.

NOTES

PPC notes speech diffs.

Test observ: Artic does seem unclear at times "manuscript or courtesy?" (cursive)

Very congested w/ allergies.

* LaRoyce was very good on PC — enjoyed it too.

Repeated 1st grade.

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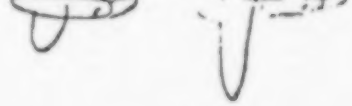
Printed in U.S.A.
The Psychological Corporation, New York, N.Y. 10017
74-103AS 9-990334

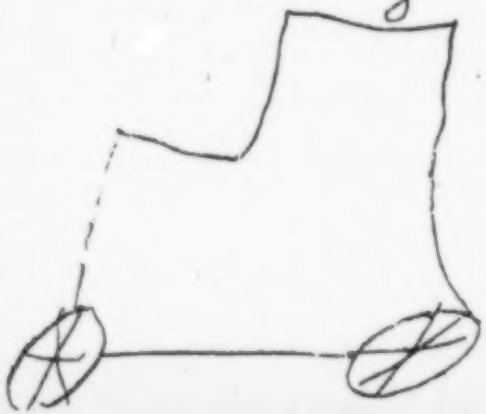
LaRoyce Smith

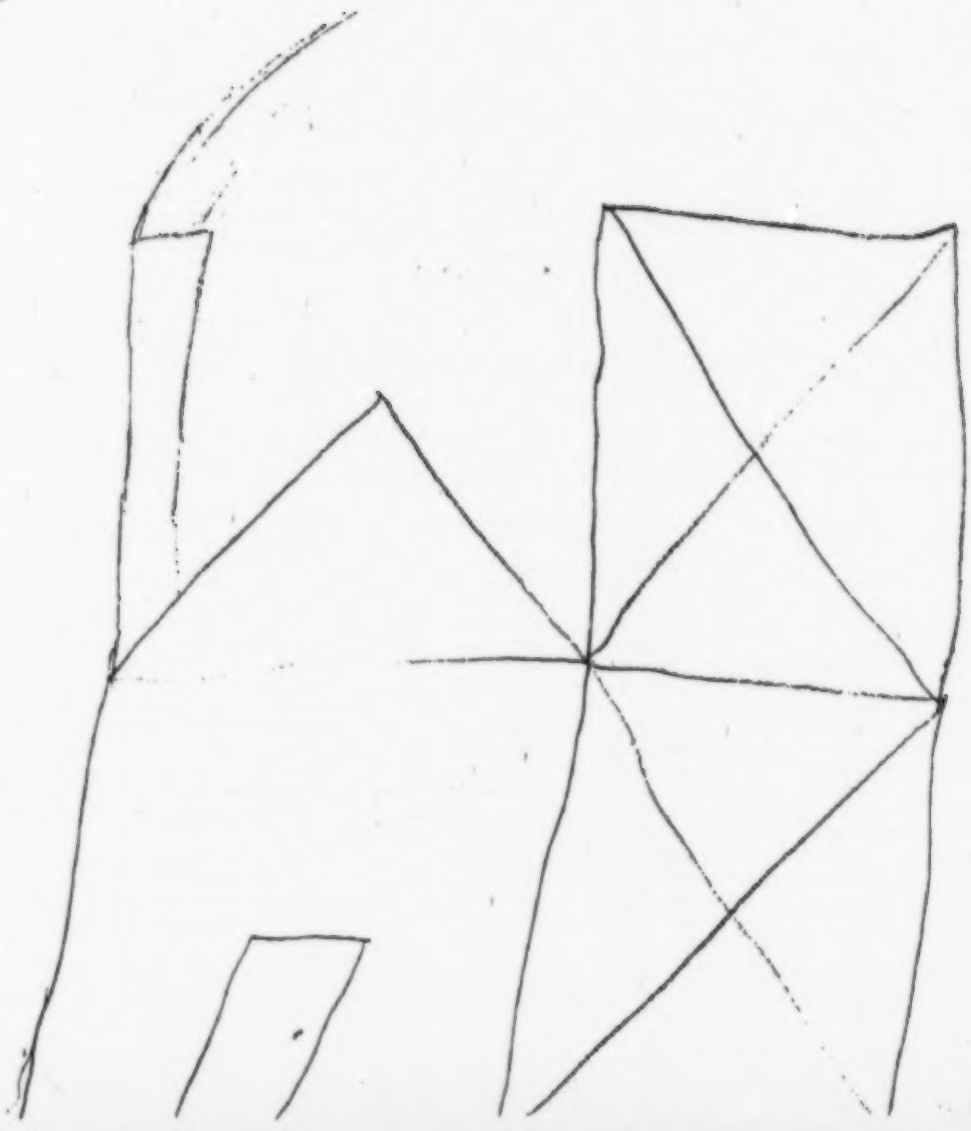
LaRoyce Smith
5-6-81
DAP

LaRoyce Smith

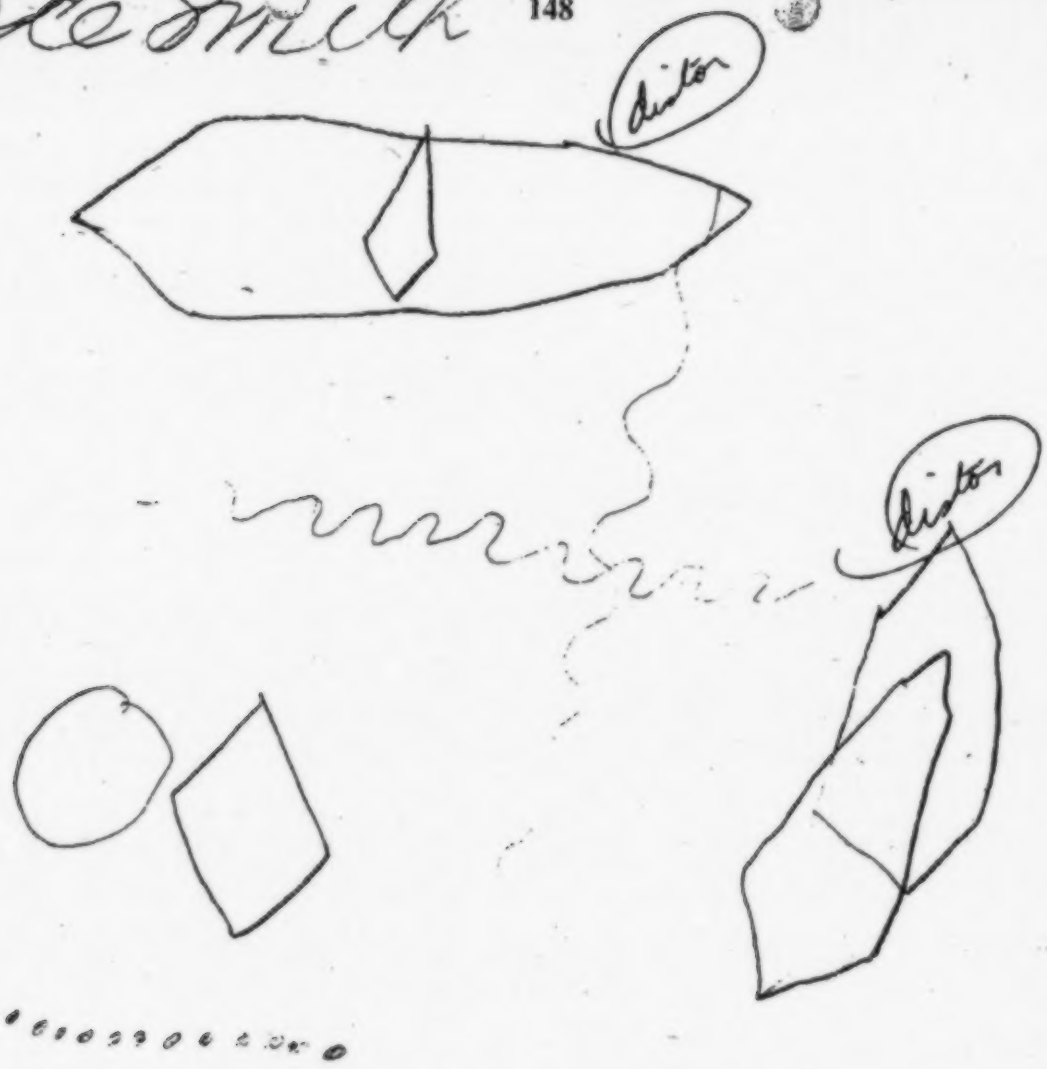


LaRoyce Smith
5-6-81
Free Choice Drawing





LaRoyce Smith 148



LaRoyce Smith
5-6-81
age 10yrs
2 errors
WNL

WHITE COPY — Special Education
CANARY COPY — Building Nurse
PINK COPY — Health Services

MAY 2 6 1981

yp

XX 507954
53817

dallas independent school district

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

5-19-81
Date

Name of Student: Smith Lt Tracy Sex M

Birth Date: 04-23-71 Ethnic Group: B

School: T. H. Terry

Dear Parent:

We are attempting to determine if your child needs special help in school. Part of the information considered in this determination is the health of your child. It will be necessary for you to take him (her) with these papers to your physician or clinic for a medical evaluation. Please sign the release form below granting the doctor permission to report his findings to my office.

To the Physician:

We would greatly appreciate the report of your medical evaluation. You are requested to mail the information on the enclosed form to my office.

This information will help us to determine the proper school placement for this child.

Sincerely yours,

R M Adams M.D.

Richard M. Adams, M. D.
Director — School Health Services
Dallas Independent School District

Release: I hereby grant permission for you to report your findings to Richard M. Adams, M. D., Director, School Health Services, Dallas Independent School District, 3700 Ross Avenue, Dallas, Texas, 75204.

see 2.0

Signature of Parent or Guardian

Form [illegible]

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child Smith Stacy Date of Examination 9-15-81

Grade 3a Informants mother / Dutchess

	Negative	Positive	Describe Fully Any Positive Findings
MEDICAL HISTORY allergies by			C.C. seasonal x 3 years. H. of seasonal allergies. (Feb-March). Last seen by a doctor 2/81 for pulse. Tested 10 mos. ago. On a regular basis.
Current Health Problems		✓	
Significant Past History (Birth, Development, etc.)		✓	9 mos. gestation c. Neonatal death. Convulsion during labor & 1 hour. Treated & died 6 mos. Client born one miscarriage before this pregnancy.
Review of Systems		✓	Labor. Head presentation. Forceps delivery. BW. 6# 12oz. Term. III Grouper III + 3rd living. Mo. 28/10 at child birth.
Pertinent Family/Social History		✓	child Who Pt. @ birth & Nursing bond remained in hosp. for 5 days. Mo. none & baby. Epilepsy o.k. Mo. has hypertension & diabetes - grandmother, her family, 2nd. cousin died. visit cell carcinoma. Pt. also in home father joined a motorcycle Gang decided most time for family.

PHYSICAL EXAMINATION

HEIGHT	WEIGHT	VISION 1/81				HEARING 1/81	
		Without Glasses		With Glasses		Right	Left
55 1/4 (in.) cm.	99 1/4 (lbs.) kg.					Pass	Pass
% ile	% ile	Right 20/ 20	Left 20/ 20	Right 20/	Left 20/	Method Used:	Whisper
50	98						

	Normal	Abnormal	Not Examined	
GENERAL				B.P. 119/60 P 88 R ____ Head circumference: 54 cm. (50 %ile)
Head	✓			
	✓			10 Y/o BOF S. Pearly GN WD in NAD
Eyes: Pupils	✓			
Fundi	✓			
Muscles	✓			
Ears	✓			
Nose-Throat		✓		mouth breather
Teeth	✓			amalgum fillings
Lungs	✓			slight harsh - clears c coughing
Heart	✓			

To Be Completed by Physician

dallas independent school district

SUMMARY REPORT OF SPEECH AND LANGUAGE EVALUATION

Student's Name Smith, La Royce DOB 04-23-71 C.A. 10.1

School J. N. Terry Adap. Ed. # 53817 Date 5-19-81

Referred by: local ARD + teacher Reason: difficult to understand

Hearing was tested on: 1-28-81 (Date) by Pure Tone: Rt. Passed Lt. Passed

(Date) Impedance: Tympanogram Rt. _____ Lt. _____

Acoustic Reflex _____ _____

Hearing is judged to be: ✓ normal; _____ adequate for learning;

_____ Moderately deficient; _____ severely deficient

ARTICULATION: On basis of Hejna Developmental Artic Test (Test Administered), articulation skills were demonstrated as: ✓ WNL; _____ mildly, _____ moderately, _____ severely disordered.

VOICE: A voice assessment comprised of observation thru out evaluation - La Royce has allergies and was denosal revealed _____ no abnormalities; abnormalities in area of _____ phonation ✓ resonance _____ volume.

FLUENCY: On basis of a _____ word speech sample, the student demonstrated a speaking rate of _____ words per minute (WPM), and stuttered words per minute (SWM) of _____ for a fluency rate of _____%. The student was able to read at a WRM of _____ and had a SWM of _____ while reading. Secondary behaviors _____ were noted _____ not noted. A _____ mild _____ moderate _____ severe fluency problem was demonstrated;

✓ no problem with fluency was demonstrated.

ORAL STRUCTURES EXAMINATION AND FUNCTION: A peripheral examination of speech musculature revealed _____ no abnormalities; ✓ abnormalities in area of tongue elevation, cul-groove

Language: On the basis of Peabody PVC-Revised (Test Administered), receptive language is _____ at age level 3yrs 8mo below age level; TOLD Test of Lang. Development (Test Administered) expressive language is _____ at age level, ✓ (more) below age level; Utah Test of Lang. Development (Test Administered) over-all language age functioning is ✓ at age level, _____ below age level _____. Student is in need of additional evaluation for auditory discrimination.

_____ See attached ITPA Results and Interpretation Form for specific strengths and weaknesses. On basis of all tests given and additional information provided by _____, the student appears to have difficulties in _____ auditory perception, _____ verbal expression, _____ cognition. Problem could be described more specifically as in the area of _____

RECOMMENDATIONS:

_____ 1. Student appears to have speech and language skills within normal limits for C.A., and therapy does not seem warranted at this time.

✓ 2. Student should be enrolled in speech/language therapy with the Speech Clinician for the purpose of continued diagnostic therapy + work on receptive + expressive language skills.

_____ 3. Student should be referred for _____

_____ 4. Specific recommendations should be deferred until _____

_____ 5. Student's speech/language is below C.A. expectations, but appears to be attributable to cultural and/or environmental factors.

_____ 6. Other:

5-19-81 (Date) Pat Middleton (Signature of Speech Pathologist)

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

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Form 3.0

dallas independent school district
Student Services
Professional Report

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Page 1

Student's Name Smith, La Royce School T. G. Terry
(Last, First, Middle)

Student Identification No. 507954 Student Services No. 53817

Report by Pat Middleton Speech/Lang. Clinician
(Name of Person, Profession)

Date 05 - 19 - 81
(Month, Day, Year)

La Royce demonstrated articulation difficulties in conversational speech which were not present in individual word production. He dropped most final sounds and sounds were muffled as if he was very unsure of the word. Questions answered during the course of the evaluation were offend difficult to understand to unintelligable. When asked to repeat his answer he would frequently attempt to reproduce his answer or look at the examiner with a puzzled expression.

La Royce demonstrated a receptive and expressive language dificit, however, when manual language skills are combined with receptive and expressive skills overall language ability is within norms for his chronological age.

Form 3.0

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

dallas independent school district

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Page 2

Student Services
Professional Report

Student's Name Smith, La Joyce School J. G. Terry
Last First Middle

Student Identification No. 507954 Student Services No. 53817

Report by Pat Middleton
Name of Person Profession

Date
Month Day Year

The Oral Peripheal examination indicates an inability to raise tongue tip to upper lip or nose. Frenulum appeared short and tight, however, elevation to alveolar ridge is adequate. LaJoyce could not curl and groove his tongue. Diadochokinesis was slow, could not imitate rapid movement.

Voice quality was denasal due to allergies which had his nasal passage closed.

The palate is very broad and oral cavity is large which gives some phonemes and words a very hollow sound.

Auditory discrimination difficulties were demonstrated. Further testing in this area is indicated.

WHITE — Central File
CANARY — Local School
PINK — Parent

NOTIFICATION TO PARENT(S) OF ADMISSION, REVIEW AND DISMISSAL COMMITTEE MEETING

Date: 5 (Mo.) 19 (Day) 81 (Year)

To The Parents Of: LaRoyce Smith

An Admission, Review and Dismissal Committee meeting to discuss your child is being scheduled for the purpose(s) checked below:

- ✓ Admission to Special Education
- ____ Writing of the Individual Education Program
- ____ Review of the Educational Program
- ____ Review of Placement
- ____ Dismissal from Special Ed.

Your presence at this meeting is requested so that we may work cooperatively to meet the educational needs of your child to the best of our ability. We urge you to attend this meeting if at all possible.

This meeting is requested by the Local ARD

Date 5 (Mo.) 20 (Day) 81 (Year) Time 10:00 a.m.

Place Office

Please check the appropriate statement below, sign, and return this form, or if you prefer, call

— (telephone number)

Thank you for your cooperation, and we look forward to seeing you.

Sincerely,

L. Vinis (Signature)

PARENTAL RESPONSE

✓ I will attend the meeting. The date and time are acceptable.

____ I would like to attend the meeting, but cannot do so at the time suggested. Please call me at

____ (telephone number) and reschedule.

____ I will not be able to attend the ARD meeting. I understand that I will be contacted concerning the action taken at the ARD meeting.

Johnnie Smith (Signature of Parent) Date 5 (Mo.) 19 (Day) 81 (Year)

(The parent should keep the Pink copy of this form for your record)

Return the white and yellow copies of this form to:

Notice #: ____ 1; ____ 2; ____ 3.

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

4.0

JUN 9 1981

dallas independent school district

ARD/IEP COMMITTEE REPORT

JUN 9 1981 XX

Note: Record deliberations on 3.0

Date 5-20-81

Name La Royce Smith Student Services No. 53817

D.O.B. 4-23-71 Identification No. 507954

Purpose of Meeting: Initial Eligibility/Entry ✓ Annual Review ____ Other (Specify) ____

Notice of meeting sent to parents by School Date 5-19-81

Parents provided copy of Parents and Students Rights for Special Education by Home-School Coordinator Date 5-20-81

REVIEW OF INDIVIDUAL EVALUATION: The following attached reports were reviewed (note date of report)

Medical 10-6-78 Psychological 5-6-81 Educational 5-6-81 Sociological 4-27-81
Vision 1-28-81 Hearing 1-29-81 Speech 5-81 Adaptive Behavior ____
Occupational Therapy ____ Physical Therapy ____ Other ____

Review of assessment data indicates the presence of a physical, mental, emotional or speech disability:
Yes ✓ No ____

Check the handicapping condition(s) the committee found applicable:

( ) Orthopedically Handicapped	( ) Deaf-Blind	(✓) Speech Handicapped
( ) Other Health Impaired	( ) Mentally Retarded	( ) Autistic
( ) Auditorially Handicapped	( ) Emotionally Disturbed	( ) Pregnant
( ) Visually Handicapped	(✓) Learning Disabled	

If multiply handicapped, specify: Primary L.D. Secondary Speech

Review of assessment data indicates the (✓) presence ( ) absence of significant educational need. A report of student's specific learning competencies has been provided and reviewed by the ARD/IEP Committee: Yes ✓ No ____

INDIVIDUALIZED EDUCATION PROGRAM:

Current Educational Competencies (Functioning Levels) (Each area must be addressed)

List grade level or functional level for academic areas, pre-academic development or other areas of development:

Reading - grade levels 1.8 - 2.4
Writing ability - grade level abilities
Arithmetic - grade level -

Physical abilities/disabilities which would affect participation in instruction and/or P.E.:

none

Behaviors demonstrated which would affect educational programming:

sometimes forgetful or daydreams, needs structure and supervision to stay on his work sometimes. Very out-going, eager to learn, easily motivated.

Skills demonstrated which may be prerequisite to participation in vocational education (if applicable): N/A at this age.

ARD/IEP COMMITTEE REPORT

Name La Royce Smith J.D. No. 507954 Date 5/20/81 Student Services No. 53817

ANNUAL GOALS: Address all areas that apply to the student's educational needs: Academic or Pre-academic (Language Arts, Math, other); Physical Education; Behavioral (Personal, Classroom, Social); Speech; Vocational; other

Increase reading comprehension to level 2.1.

INSTRUCTIONAL SERVICES

	Subjects	Hrs/Wk	Beg.	End	Person Responsible
	Math	5/WK	8/81	5/82	Reg. Teacher
(✓) Regular	Science	3/WK	8/81	5/82	"
	Art	2/WK	"	"	"
	Music	3/WK	"	"	"
	Physical Ed.	2/WK	"	"	"
(✓) Special Ed	Language Arts	5/WK	"	"	"
	Social Studies	5/WK	"	"	"
	Reading	5/WK	8/81	5/82	Resource Teacher
(✓) Speech	Speech Therapy	1/WK	9/	5/80	Speech Clinician

( ) Vocational Education for Handicapped

Vocational Career Field _____

Cooperative Work Training _____

Describe specialized building modifications, personnel and instructional/adaptive equipment needed to implement the child's program:

N/A

PLACEMENT DECISIONS:

Level of Instruction: ( ) Pre-elementary (✓) Elementary ( ) Middle School ( ) Senior High

Campus Location: _____ Type of Special Class Resource Room

WHITE — Permanent File
CANARY — Parent/Guardian
PINK — Local School
GOLDENROD — Other

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4.0

ARD/IEP COMMITTEE REPORT

JUN 9 1981

Date 5/20/81

Name La Royce Smith I.D. No. 507954 Student Services No. 53817

RELATED SERVICES:
Describe related services to be provided to implement goals:

	Beg.	End	Person Responsible
( ) Transportation (Specify any needed adaptations)			
(✓) Other Speech Services	8/81	5/82	Speech Clinician

In brief narrative form, give justification for each service provided:

It is the opinion of the members of the committee that this child has not been placed in Special Education on the basis of: 1) only deficiencies identified as directly attributable to a different cultural life style, or to not having had education opportunities, or to not having achieved from previous educational experiences or 2) criteria which were developed solely on the command of the English language (for national origin, minority or linguistically different students only).

SIGNATURES OF THE COMMITTEE MEMBERS

I agree with decisions	I do not agree with all decisions (Comments must be attached)	Signature	
✓		Daniel C Ney	Chairman/Administrator
✓		LaRoyce Smith	Parent/Guardian
✓		Virginia A Phelps	Educational Liaison
			Diagnostician
✓		Norwood King	Home/School Coordinator
✓		Bethany H Quinn	Psychological Associate
			Health Professional
✓		Tammy Vinis	Special Education Teacher
✓		Pat Middleton	Speech Clinician
			OT/PT
			Representative of Visually Handicapped or Deaf Education
			Student
			Vocational Teacher
			Counselor
			Other

If parent or guardian was not present, designate person to follow-up with parent contact: ✓

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

Form 3.0

dallas independent school district

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Page 1

Student Services
Professional Report

Student's Name Smith, LaRoyce School T.G. Terry
(Last, First, Middle)

Student Identification No. 507954 Student Services No. 53817

Report by Norwood King Home-School Coordinator
(Name of Person, Profession)

Staffing Deliberations
Re-evaluation

Date 5-20-81
(Month, Day, Year)

LaRoyce was evaluated in 1978 and was found ineligible at that time.

The Psychologist reported that LaRoyce is functioning overall intellectually in the Low Average range. He did very well locating the missing parts in pictures but had difficulty recalling general information.

The Educational Diagnostician reported that achievement was in the low average range. Reading achievement was from grade level 1.8 to 2.4 with word attack skills somewhat limited. Math achievement was at grade level 2.5 to 3.7.

The teacher stated that LaRoyce has difficulty retaining instruction. Sometimes he acts as though he has not heard you.

The Speech Clinician reported that LaRoyce needs therapy for receptive and expressive language skills.

The Local ARD committee recommends resource room placement for reading on the basis of a Learning Disability. Speech therapy is also recommended.

For Participants in the staffing decision, see 4.0, Page 3, dated 5/20/81.

Form SE-31 (Rev.)—60M—8544—80-E

WHITE — Central Administration
CANARY — Local Building
PINK — Appraisal Team
GOLDENROD — Parent

6.0

dallas independent school district

JUN 9 1981

PARENT APPROVAL
SPECIAL EDUCATION SERVICES

Student's Name Smith (Last) La Royce (First) (Middle)

Birth Date 4 (Month) - 23 (Day) - 71 (Year) School T. G. Terry

Student Identification # 507954

Student Services No. 53817

I. SPECIAL EDUCATION RECOMMENDATIONS:

It is requested that my child receive assistance from trained specialist with his/her learning problems.

I understand that the following special education services may be provided:

✓ 1. Placement in a special education instructional program as specified in the Individualized Educational Program Resource Room (Instructional Arrangement)

2. Vocational Adjustment Class.

3. Vocational Education Instruction for the Handicapped.

4. Contractual Services.

✓ 5. Speech therapy — minimum of one hour per week.

6. Occupational therapy/physical therapy as prescribed.

7. Other (Specify) _____

I further understand that I am not obligated to accept these special services which are being offered by the Dallas Independent School District and may remove my child from such services any time I desire to do so.

I do wish my child to be placed X Johnnie Smith
Signature of Parent/Legal Guardian

II. I have been informed that Special Education Services are not recommended (at this time) and accept these recommendations. _____
Signature of the Parent/Legal Guardian

I do not wish my child to be placed _____
Signature of Parent/Legal Guardian

Date: 5 (Month) - 20 (Day) - 81 (Year) Norwood King
Signature of DISD staff member obtaining parent's permission

Comments: _____

Form SS-30 — 0694 — 3438 — 79

PINK — Local School
GOLDENROD — Other

Individual Service Plan

Name LaRoyce Smith I.D. No. Student Services No.

Date 5-20-81

Specific Educational or Support Service Resource Room Service Provider Tammy Vinies

Goal(s)

LaRoyce will: Short-Term Objective(s) (Include Evaluative Criteria)	Start Date	End Date	Review Date/ Results
1) read words with dipthongs with 90% accuracy.	9-81	11-81	11-81
2) increase sight vocabulary to a 2nd grade level.			
3) Know consonant blends and digiaphs with 90% accuracy			

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Recommendations for Specific Materials, Procedures, or Techniques

Palo Alto Reading Series
Specific Skills
Charts

WHITE — Central File
CANARY — Local Building
PINK — Area Office

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dallas independent school district

AREA ARD REVIEW OF LOCAL STAFFING

Student's Name Smith, LaRoyce (Last, First, Middle) Date of Review 6-16-81

Student Services No. 53817 Student Identification No. 507954

Referring School Terry Birth Date 4-23-71

Review of 5-20-81 (Date) Local ARD Staffing Copy(ies) to: Jerry Date:

Date:

Date:

COMPLETED FORMS RECEIVED:

1.0 ✓ Pupil Personnel Committee Screening Report 2-5-81

1.1 ✓ Teachers' Observations 1-19-81

1.2 ✓ Health Information — Current Vision 5-27-81 (Date) and Hearing 1-29-81 (Date) 4-27-81

2.0 ✓ Referral for Individual Study

3.0 ___ Professional Reports: Adaptive Behavior ___ (Date); Speech/Language ___ (Date);

O.T./P.T. ___ (Date); Psychological 5-6-81 (Date); Educational 5-6-81 (Date); Sociological 4-27-81 (Date)

4.0 ✓ Admission, Review, and Dismissal Report and Individualized Educational Program

4.1 ___ Eligibility for Transportation

H-56 ✓ Physical Exam (School Health Services) 10-6-78 (Date)

6.0 ✓ Parent Approval 5-20-81 (Date)

___ Parent Notification of ARD Meeting ___ (Date)

AREA ARD DECISION

Local ARD Staffing Has Been Reviewed and Found:

___ Unacceptable for following reasons:

___ Forms not received

___

___

___

___ Acceptable for 14/10/11 (Handicap)

Resource Class (Instructional Arrangement) (Grade Level)

Approved for 2 ~~5~~ Hours in Special Ed.

plus Speech

___ Eligibility not established: Justify — ___

___ Deferred: Justify — ___

___ Follow up needed: ___

9-10-81 (Date) Case completed for placement at Jerry (School)

AREA ARD COMMITTEE:

Jan Edwards — Chairperson — Special Education

Pat Covington — Nurse (Health Services)

Bert Rakowitz — Psychologist/Associate

Home-School Coordinator

Speech/Language Clinician

Other

Form 371 - SUBPOENA - CRIMINAL (FELONY)
LOCAL - DUCES TECUM - OUT OF COUNTY

THE STATE OF TEXAS
TO ANY SHERIFF OR ANY CONSTABLE OF THE STATE OF TEXAS-GREETINGS:
YOU ARE HEREBY COMMANDED to summon

RUTH TURNER OR DESIGNEE ALBERTA PINGLE
12532 NUESTRA
DALLAS TX

to be and appear before the 265 TH JUDICIAL District Court
of Dallas County, Texas, at the Courthouse of said County, in the City of Dallas, on the
05 TH day of JUNE, 1991, at 0900 o'clock A M.,
then and there to testify as a witness in behalf of the DEFENDANT in a Criminal
action pending in said Court, wherein THE STATE OF TEXAS is plaintiff, and
LAROYCE LATHAIR SMITH Defendant; No. F-9122803R.

DUCES TECUM (IF APPLICABLE) ☐ NOT APPLICABLE

and that he bring with him and produce in said Court, at said time and place,

ALL SCHOOL RECORDS OF LAROYCE LATHER SMITH B/MALE 042371

desired as evidence in said Criminal action, to-wit: in a certain suit pending in said court.

nd there remain from day to day and from term to term until discharged by the Court.

EIN FAIL NOT, But of this Writ make due return, showing how you have executed the same.

OUT OF COUNTY (IF APPLICABLE) X☐ NOT APPLICABLE

DISOBEDIENCE OF this Subpoena is punishable by fine not exceeding $500, to be collected as
nes and costs in other criminal cases.

ITNESS MY OFFICIAL SIGNATURE, THIS 04 TH day of JUNE, 1991.

BILL LONG
Clerk, District Courts
Dallas County, Texas

By C Holmes/KG Deputy
C HOLMES

NO. F-9122803-R

JUDICIAL DISTRICT COURT 265 TH
DALLAS COUNTY, TEXAS

THE STATE OF TEXAS

VS.

LAROYCE LATHAIR SMITH

CAP MUR FEL

SUBPOENA

ISSUED

This 04 TH day of JUNE, 1991

BILL LONG
Clerk, District Courts
Dallas County, Texas

By C HOLMES Deputy

ATTORNEY:
RANDY MANASCO
235 W YARMOUTH
DALLAS, TX
943-6400

REPORT TO:

FRANK CROWLEY COURTS BLDG.
133 N. INDUSTRIAL BLVD.
DALLAS, TEXAS

WHITE – Psychological Services
CANARY – School
PINK – Appraisal Team

dallas independent school district

PSYCHOLOGICAL SERVICES

Case No. 53817

Name Smith, LaRoyce

School T. G. Terry Grade 3

Ethnic Group or Race N

Home Address 7427 Brierfield

Child Lives With Johnnie & LeRoy Smith (Name)

Date: Year 81 Month 5 Day 6

DOB: 71 4 23

Age: 10 0

Sex Male

Parents (Relationship)

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Home Phone 224-7690

Bus. Phone 323-6000/6934

Reason for Referral: Academic/Learning [X] Language/Speech [X] Behavioral/Emotional [ ] Physical Handicap [ ]

Vision [ ] Hearing [ ] S. E. Re-evaluation [ ] Other

School Information: DATE Mat. Readiness %ile Other

Vision R20/20;L20/20

Date 1-28-81

Hearing R P; L P

Date 1-29-81

Achievement — ITBS

Date	VOC	RC	SP	CAP	FUNC	US	TL	MR	R GAT	Rel Mat	TWS	Math Con	Math PS	TM

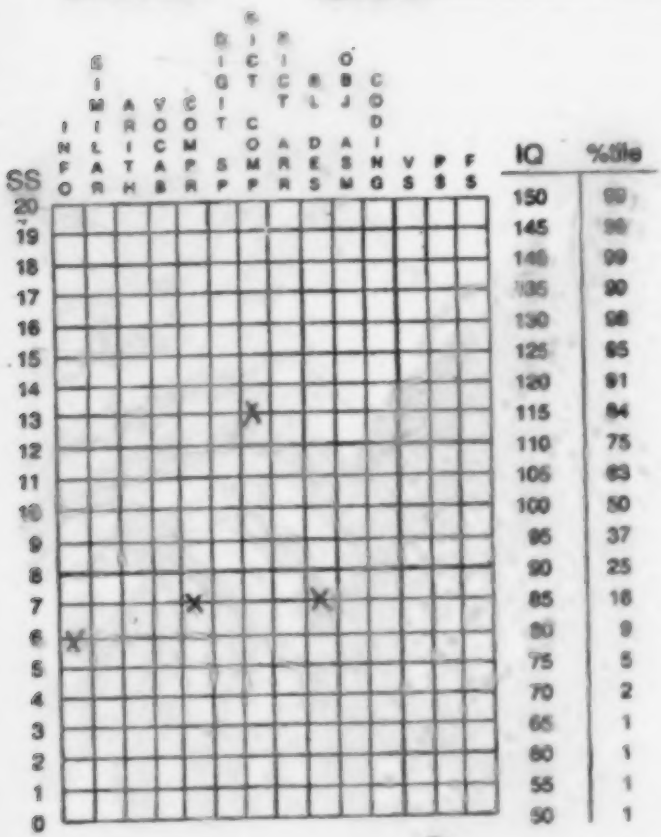
TESTS ADMINISTERED

Wechsler Intelligence Scale (WISC-R) (WAIS)

Verbal

Performance

Estimated Full Scale 88



IQ	%tile
150	99
145	99
140	99
135	99
130	98
125	95
120	91
115	84
110	75
105	63
100	50
95	37
90	25
85	16
80	9
75	5
70	2
65	1
60	1
55	1
50	1

Stanford-Binet Intelligence Scale
CA MA IQ

Wide Range Achievement Test

	GP	SS
Reading		
Spelling		
Arithmetic		

Peabody Individual Achievement Test

	GP	SS
Mathematics		
Read Rec.		
Read Comp.		
Spelling		
Gen. Info.		
Total		

Other Evaluation Instruments
Bender Gestalt
D A P
Free Choice Drawing

Previous DISD Evaluation
6-22-78 by D'Anna Morrow, Psy.Assoc.
WISC-R V=88 P=87 FS=87

Data Received from Other Sources
Date Agency

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Student Services
Professional Report

Student's Name SMITH, (Last) LA ROYCE (First) (Middle) School T. G.TERRY

Student Identification No. 507954 Student Services No. 53817

Report by Bethany H. Quinn (Name of Person) Associate School Psychologist (Profession)

Date May 6, 1981 (Month Day Year)

REASON FOR REFERRAL:

LaRoyce was referred for psychological evaluation by the Pupil Personnel Committee noting lack of academic progress and speech difficulties as areas of concern. Local school personnel report weaknesses in reading, arithmetic, spelling, ability to attend to instruction, ability to retain instruction, attention span, and speech. Relative strengths were indicated in attendance, ability to control emotions, ability to relate to peers, and respect for teacher. Alternatives attempted to date include one to one instruction and peer tutoring. LaRoyce was also previously evaluated for special education services in 1978, but found ineligible for placement at that time. It is also noted that LaRoyce repeated 1st grade.

BACKGROUND INFORMATION:

Birth and developmental information are available in previous assessment data and will not be reiterated within this report. There has not been any significant change in developmental or sociological information subsequent to LaRoyce's previous evaluation. LaRoyce is the middle child of three children and resides with his parents. Responsibilities at home include helping with housework. English is the language used in the home. Speech difficulties were noted in referral information.

OBSERVATIONS:

LaRoyce accompanied the examiner to the testing room readily and responded in a cooperative manner. Rapport was easily established and maintained. He engaged in spontaneous conversation. LaRoyce's response style was quick with limited attention to accuracy. He appeared aware of some of his errors and was self-corrective at times. Investment in evaluation tasks was excellent. Nasal congestion and trouble breathing were noted during the evaluation. Test conditions were adequate. Test results are felt to be a valid indication of current measurable functioning.

TEST RESULTS:

Current overall intellectual functioning, as estimated by a short form of the Wechsler Intelligence Scale for Children-Revised (WISC-R) is in the Low Average range of intelligence (Deviation Quotient of 88). The Bender Visual Motor Gestalt test was administered. Two errors of distortion were noted with an age equivalent score of 10 years (Koppitz), which is consistent with LaRoyce's current age. Design quality was appropriate, and no significant visual perceptual involvement was suggested. LaRoyce was self-corrective and would attempt to improve the quality of his designs. Line quality was adequate. No significant emotional involvement was suggested in referral data or during this session and projective testing was not undertaken at this time. As screening measures LaRoyce drew a human figure and a free-choice drawing which were adequate.

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Student Services
Professional Report

Student's Name SMITH, LA ROYCE _____ School T. G. TERRY
(Last, First, Middle)

Student Identification No. 507954 Student Services No. 53817

Report by Bethany H. Quinn (Name of Person) Associate School Psychologist (Profession)

Date May 6, 1981 (Month, Day, Year)

SUMMARY:

LaRoyce is a 10 year, 0 month old student referred due to academic and speech difficulties. Current overall intellectual functioning as estimated by a short form ot the WISC-R is within the Low Average range. No significant visual perceptual problems were suggested.

RECOMMENDATIONS:

Refer to local ARD for consideration of appropriate class placement.
Refer for speech evaluation.

Bethany H. Quinn
Associate School Psychologist

Richard Hughes

Richard E. Hughes, Ph.D.
Psychologist
Psychological Services

BR

am

Original — School
PAK — Appraisal Team

dallas independent school district

INCOMPLETE
Pending Local ARD decision.

PSYCHOLOGICAL SERVICES

Sent to school AUG 0 9 1978

Case No. 53817

Name La Royce Smith

School T. G. Terry Grade 1

Ethnic Group or Race Black

Home Address 7427 Briarfield

Child Lives With Mr. & Mrs. Leroy Smith (Name)

	Year	Month	Day
Date	1978	6	22
DOB	1971	4	23
Age	7-1-29		

Sex Male

Parents (Relationship)

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Home Phone Father: 242-0444

Bus. Phone

Reason for Referral: Academic/Learning XXXXX Language/Speech ☐ Behavioral/Emotional ☐ Physical Handicap ☐

Vision ☐ Hearing ☐ S. E. Re-evaluation ☐ Other

School Information: DATE Met. Readiness %tile 7 Other

Vision R20/20 L20/20
Date 4-78

Hearing Passed
Date 2-78

Achievement — ITBS

Date	VOC	RC	SP	CAP	PUNC	US	TL	MR	R GAT	Ref Mat	TWS	Math Con	Math PS	TM
				NONE AVAILABLE										

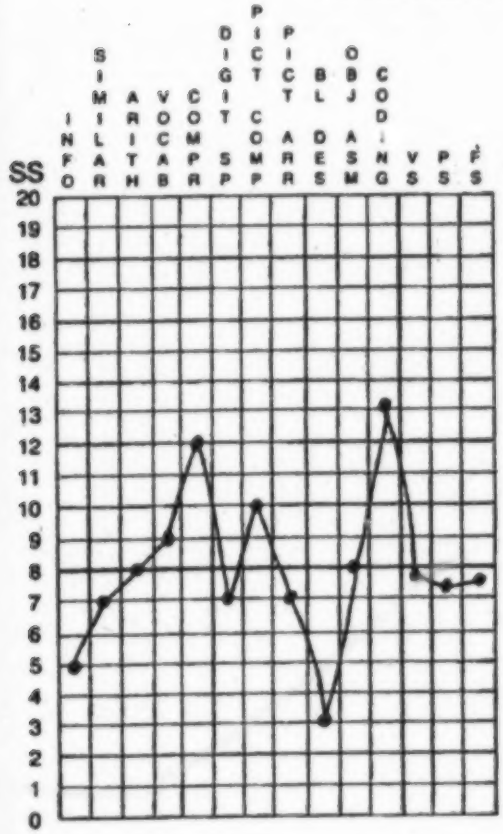
TESTS ADMINISTERED

Wechsler Intelligence Scale (WISC-R) (WAIS)

Verbal 88

Performance 87

Full Scale 87



IQ	%tile
150	99
145	99
140	99
135	99
130	98
125	95
120	91
115	84
110	75
105	63
100	50
95	37
90	25
85	16
80	9
75	5
70	2
65	1
60	1
55	1
50	1

Stanford-Binet Intelligence Scale
CA MA IQ

Wide Range Achievement Test

	GP	SS
Reading	1.4	88
Spelling	1.5	90
Arithmetic	2.4	103

Peabody Individual Achievement Test

	GP	SS
Mathematics		
Read Rec.		
Read Comp.		
Spelling		
Gen. Info.		
Total		

Other Evaluation Instruments

Bender-Gestalt

Previous DISD Evaluation

Data Received from Other Sources

Date Agency

Form PS-1 (Rev.)—3500—1000—78

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ADAPTIVE EDUCATION SERVICES

Professional Report

Student's Name Smith, (Last) La Royce (First) (Middle) School T. G. Terry

Student Identification No. 507954 Adaptive Education No. 53817

Report by D'Anna Morrow (Name of Person) Psychological Associate (Profession)

Date 6 (Month) 21 (Day) 78 (Year)

La Royce Smith is a first grade student at T. G. Terry Elementary School. He was referred to Psychological Services due to low academic achievement. Ms. Adrian reported academic areas such as reading, spelling, and arithmetic to be on a kindergarten level. His school attendance is good. He completes assignments well. However, he does have difficulty attending to instruction, retaining instruction and in attention span. In the classroom, La Royce is assisted by individualized instruction, small group work, and utilization of repetition of tasks.

The Developmental and Sociological Information was obtained on June 21, 1978. Mrs. Johnnie Mae Smith, La Royce's mother completed the data. La Royce is the middle child of three children. His mother described the problem in relation to immaturity.

The health and medical history reveals that La Royce is in good general health. However, he does have frequent colds and stomach aches. The child is overly active at home. He has difficulty paying attention and is always "on the go."

The developmental history as reported by the parent seems unremarkable. During the pregnancy the mother reported excessive swelling and high blood pressure. The infant was hospitalized longer than the mother due to a hypertensive condition. He was a quiet baby. The mother further revealed that La Royce has a good family relationship. He relates best to his mother.

During testing, La Royce was a cooperative student. Rapport was easily established. Speech, hearing, and vision were adequate for testing purposes. Fine motor skills were slow and awkward. He was easily distracted and seemed developmentally immature. However, La Royce appeared to enjoy the individual attention which the testing session provided.

The Wechsler Intelligence Scale for Children-Revised was administered on June 22, 1978. The following scores were obtained: Verbal IQ: 88; Performance IQ: 87; and Full Scale IQ: 87. Relative strengths as measured by the WISC-R scaled scores were indicated in the student's ability to adapt to a new learning situation (copying symbols to shapes in a timed activity) and in common sense and reasoning ability.

Weaknesses were indicated in general knowledge of information and manipulating objects to form a whole design.

The Bender-Gestalt was administered to determine perceptual motor difficulties. La Royce used his right hand to draw each figure. The test was completed in five minutes and four seconds. According to the Koppitz scoring system, ten errors were received in distortion of shape, rotation, and integration. The mean number of errors for his age is 4.8 (standard deviation, 3.61). His performance suggests perceptual motor problems.

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ADAPTIVE EDUCATION SERVICES
Professional Report

Student's Name Smith, (Last) La Royce (First) (Middle) School T. G. Terry

Student Identification No. 407954 Adaptive Education No. 53817

Report by D'Anna Morrow (Name of Person) Psychological Associate (Profession)

Date 6 (Month) 21 (Day) 78 (Year)

The Wide Range Achievement Test scores were as follows: Reading, GP-1.4, Standard Score-88; Spelling, GP-1.5, Standard Score-90; Arithmetic, GP-2.4, Standard Score-103. His achievement level and intellectual functioning are commensurate. La Royce is achieving on an upper first grade level.

In summary, La Royce is a beginning second grade student who is achieving on an upper first grade level. Current psychological testing reveals that he is functioning within the low average range of intelligence. The birth and developmental history as reported by the parent seems unremarkable. His poor performance on the Bender-Gestalt suggested perceptual motor difficulties.

Recommendations:

1. Discussion of test results in local ARD.
2. Request further educational testing by the Educational Diagnostician.
3. Refer to the school nurse for a medical evaluation.

/s/ D'Anna Morrow
Psychological Associate

Ruby Morris
Ruby Morris, Ed.D.
Deputy Associate Superintendent
Student Services DK

CVS

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Page 1

ADAPTIVE EDUCATION SERVICES
Professional Report

Student's Name Smith (Last) La Royce (First) - (Middle) School I. G. Terry

Student Identification No. 507954 Adaptive Education No. 53817

Report by D'Anna Morrow (Name of Person) Psychological Associate (Profession)

La Royce Smith is a first grade (Date 6-21-78 Month Day Year) student at I. G. Terry Elementary School. He was referred to Psychological Services due to low academic achievement. Mrs. Adria reported academic areas such as reading, spelling, and arithmetic to be on a kindergarten level. His school attendance ~~is not good~~. He completes assignments well. However, he does have difficulty attending to instruction, retaining instruction and in attention span. In the classroom, La Royce is assisted by individualized instruction, small group work, ~~and~~ utilization of repetition of tasks.

The Developmental and Sociological Information was obtained on 6-21-78. Mrs. Johnnie Mae Smith, La Royce's mother completed the data. La Royce is the middle child of three children. His mother described the problems in relation to immaturity.

The health and medical history reveals that La Royce is in good general health. However, he does have frequent colds and stomach aches. The child is overly active at home. He has difficulty paying attention and is always "on the go".

The developmental history as reported by the parent seems unremarkable. During the pregnancy the mother reported ~~excessive~~ swelling and high blood pressure. The infant was hospitalized longer than the mother due to a hyper~~tensive~~

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Page 2

ADAPTIVE EDUCATION SERVICES
Professional Report

Student's Name Smith (Last) La Royce (First) - (Middle) School J L Long

Student Identification No. 507954 Adaptive Education No. 53817

Report by D'Anna Morrow (Name of Person) Psychological Associate (Profession)

Date 6-21-78 (Month Day Year)

Condition: [redacted] was a quiet baby.

The mother further revealed that La Royce has a good family relationship. He relates best to his mother.

During testing. La Royce was a cooperative student. Rapport was easily established. Speech, hearing, and vision were adequate for testing purposes. Fine motor skills were slow and awkward. He was easily distracted and seemed developmentally immature. However, La Royce appeared to enjoy the individual attention which the testing session provided.

The Wechsler Intelligence Scale for Children - Revised was administered on 6-22-78. The following scores were obtained: verbal IQ: 88; performance IQ: 87; and full scale IQ: 87. Relative strengths as measured by the WISC-R subtest scaled scores were indicated in the student's ability to adapt to a new learning situation (copying symbols to shapes in a timed activity) and in common sense and reasoning ability.

Weaknesses were indicated in general knowledge of information and manipulating objects to form a whole design.

The Bender Gestalt was administered to determine perceptual motor difficulties. La Royce used his right hand to draw each figure. The test was completed in five minutes and four seconds. According to the Koppitz scoring system, ten errors were received. [redacted] distortion of shape, rotation, integration. The mean number of errors for his age is 4.8 (standard deviation 3.61). His performance

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Page 3

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ADAPTIVE EDUCATION SERVICES

Professional Report

Student's Name Smith (Last) La Royce (First) - (Middle) School T. G. Terry

Student Identification No. 507954 Adaptive Education No. 53817

Report by D'Anna Morrow (Name of Person) Psychological Associate (Profession)

Date 6-21-78 (Month Day Year)

suggests perceptual motor problems. The Wide Range Achievement Test scores were as follows: reading GP: 1.4, SS: 88; spelling: GP: 1.5, SS: 90; arithmetic: GP: 2.4, SS: 103. His achievement level and intellectual functioning are commensurate. La Royce is achieving on an upper first grade level.

In summary, La Royce is a beginning second grade student who is achieving on an upper first grade level. Current psychological testing reveals that he is functioning within the low average range of intelligence. The birth and developmental history as reported by the parent seems unremarkable. His poor performance on the Bender Gestalt suggested perceptual motor difficulties.

Recommendations:

1. Discussion of test results in local ARD.
2. Request further educational testing by the Educational Diagnostician.
3. Refer to the school nurse for a medical evaluation.

Form 92-41 Rev.—3M—1/80—TS

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Student's Name LaRoyce Smith Birth Date 4 (Month) 23 (Day) 71 (Year)

Student Identification # 507954 Adaptive Education # 53817

School Information

When did this child enter DISD? 8-23-76 KINDEGARTEN (Year or Grade Level)

Previous schools, if any

Grades repeated, if any

Test Information

Metropolitan Readiness Test 9-76 (Date) 7 (% ile Rank)

Mental Maturity (CTMM)

Date	LFIQ	NLFIQ	TMFIQ

Achievement (CAT or CTBS)

Date	RV	RC	TR	LM	LE	So	TL	A Comp	A Con	A Appl	TA	TB	SSR	SSG

Other:

Spache Reading Test: ____ (Date) Word Rec. ____ Oral ____ Silent ____ Listening ____

Describe academic performance or progress and school attendance Attendance regular - performance nil - progress nil - Very low retention - has not learned all letters - cannot read simple words - cannot perform number functions beyond counting - good speech - fair handwriting - Does not know address, birthdate -

Observed interaction with peers Fair interaction with peers - Is a little rough but enjoys his friends - Must be kept seperated from a few because he's easily led into trouble.

Observed interaction with teachers or other school personnel Very hesitant to respond to teacher's questions or requests. Speaks in whispers. Tries to control actions at teacher's request but sometimes fails. Has recieved corporal punishment twice.

Principal Date Mo. Day Yr.

Nancy Adrian Teacher or Counselor Date 4-14-78 Mo. Day Yr.

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ADAPTIVE EDUCATION SERVICES

Professional Report

Student's Name Smith (Last) LaRoyce (First) (Middle) School Terry

Student Identification No. 507954 Adaptive Education No. 53817

Report by Robbye Harper (Name of Person) Educational Diagnostician (Profession)

Date 11-13-78 (Month Day Year)

CA: 7
AGP: 1.2
Est. MA: (based on Full Scale measure) = 6-6
Expectancy Grade Level: 1.6

Reason for referral:

La Royce was referred for appraisal due to K-level performance in 1st grade with low retention of information and accompanying disruptive behavior as reported by his teacher. His teacher reports having tried small group work with a lot of repetition. Vision and hearing were within normal limits on a school screening.

Background:

His teacher reports that at the end of first grade LaRoyce could not recognize all the letters of the alphabet and could not read simple words. He can count but cannot perform number functions. He had not learned basic information as his address, birthdate, etc. which is typically known after 2 years (K and 1) in school. He appears to get along with his peers but can easily be "led into trouble". He hesitates to respond to teacher's questions and speaks in whispers

His mother completed the Developmental and Social History. She reported nothing particularly remarkable except that he has been "active" since birth and that he still seems to be very active. He is next to youngest of 3 children with a 10 year difference between himself and his older brother. His mother reported that she feels he has been petted a lot. She would like for him to do all the things a 7 year oldshould do.

A general medical exam administered in October of this year revealed nothing remarkable relative to learning problems.

Other testing:

The associate school psychologist obtained an estimate of LaRoyce's potential in the summer, 1978. Low average potential was measured overall with commensurate scores in Verbal and Performance scales. However considerable scatter was noted among subtests both in Verbal and Performance Scales. Reported weaknesses were "indicated in general knowledge of information and manipulating objects to form a whole design. Perceptual-motor problems were suspected from a measure of that kind of performance."

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ADAPTIVE EDUCATION SERVICES

Professional Report

Student's Name Smith (Last) LaRoyce (First) (Middle) School Terry

Student Identification No. 507954 Adaptive Education No. 53817

Report by R. Harper (Name of Person) Ed. Diag. (Profession)

Date 11-13-78 (Month Day Year)

An achievement screening (Wide Range Achievement Test) revealed functionin commensurate with measured potential. Even higher than expected performance was noted in arithmetic.

Classroom observation:

LaRoyce observed in the regular classroom on two occasions. In both instances he seemed fidgety and it appeared to be difficult for him to maintain attention to task. He is repeating work which was done last year according to his teacher. The purpose appears to be to reinforce skills development. It may be the familiarity with the materials which interfers with attention to the task. During these two classroom observations and on 2 occasions following in which the student was retrieved for testing, he was found to be out of his seat at inappropriate times. Too, he seems to be distracted visually.

Tests administered:

Beery Developmental Test of Visual-Motor Integration
Woodcock Reading Mastery Tests
Doren Diagnostic Reading Test of Word Recognition Skills
Key Math Diagnostic Arithmetic Test

Observation during testing:

LaRoyce seemed highly distractable. He was not always able to attend to task without physical proximity to the examiner. He seemed to check withthe examiner for assurance. LaRoyce did seem to be rather entertained by the one-t one attention and may be acting out and questioning for the purpose of gaining attention.

Test Results:

The Beery VMI yielded commensurate with CA score and adequate visual-motor perception was implied. (Date of administration 9-18-78). He was required only to copy designs in close proximity. Memory was not involved in this task.

The Woodcock Reading Mastery Test yielded grade scores commensurate with potential as well as that of WRAT screening.

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ADAPTIVE EDUCATION SERVICES
Professional Report

Student's Name Smith (Last) Laroyce (First) (Middle) School Terry

Student Identification No. 507954 Adaptive Education No. 53817

Report by R. Harper (Name of Person) Ed. Diag. (Profession)

Date 11-13-78 (Month Day Year)

Subtests	R.S.	Easy L.	Read. Sc.	Fail. L.	% Ranks	S.S.
Letter ID	34	2.0	2.3	2.7	99	146
Word ID	6	1.3	1.4	1.5	82	118
Word Attack	0	1.0	1.2	1.4	54	102
Word Comp.	0	1.1	1.2	1.3	65	108
Passage Comp.	0	1.0	1.1	1.2	42	96
Total Reading	53	1.1	1.3	1.5	65	108

Word Identification and Word Attack grade scores are close to actual grade placement. Initial sounds are intact as are most consonant sounds. Vowel and common vowel combinations are grossly in error. He does not seem to recognize syllables as units within a words.

For the Word Comprehension subtest he demonstrated skill at recognizing relationships but did not have an extensive sight vocabulary to complete the task. The same was true for Passage Comprehension. The two subtests are not with expectancy at this grade level however.

Further appraisal of reading recognition skills was accomplished with the Doren Diagnostic Reading Test. Areas of greatest weakness at which to begi instruction include: Beginning sounds, word within words (discrimination of sounds by sight), and ending sounds. Though he was unable to spell any words correctly initial an final sounds were intact more than 50% of the time. His spelling achievement seems consistent with the hypothesis that Spelling follows reading achievement within 1 year.

Suggested reading goals typed directly to this test have been attached to the local school copy for reference.

Finally, the Key Math Diagnsotic Arithmetic Test was administered for purpose of identifying areas needing remediation.

Subtests	Gr. Eq.	Raw Score
Numeration	2.1	11
Fractions	1.2	1
Geometry & Symbols	1.2	8
Addition	0.8	3
Subtraction	2.0	5
Multiplication	NA	
Division	NA	

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ADAPTIVE EDUCATION SERVICES
Professional Report

Student's Name Smith (Last) LaRoyce (First) (Middle) School Terry

Student Identification No. 507954 Adaptive Education No. 53817

Report by R. Harper (Name of Person) Ed. Diag. (Profession)

Date 11-13-78 (Month Day Year)

Subtests	Gr. Eq.	R.S.
Mental Computation	2.1	2
Numerical Reasoning	0.8	1
Word Problems	1.3	3
Missing Elements	NA	
Money	2.1	4
Measurement	1.7	5
Time	1.0	3
Total Test	1.4	46

Overall performance averaged at grade level 1.4 with a range of scores fro 0.8 on Addition to 2.1 on several subtests. LaRoyce seems to have better compu tation skills that was measured on this test of addition though he did not seem to know what to do with 2-place numbers. In dealing with basic concepts pre- sented orally with a picture cue LaRoyce performed at 2nd level. These include numeration, mental computation, money, and measurement. Computation in sub- traction was also at 2.0 level, though he was not required to work with 2-place numbers.

Goals tied to the Key Math Test are included in the local school folder. These may assist in planning.

In summary, LaRoyce has demonstrated achievement commensurate with his measured potential. Spelling and written achievement are lowest but this is no inappropriate as a reading vocabulary is generally developed prior to requiring written tasks. Overall math performance is commensurate with potential with several splinter skills well developed compared to his lowest performance. No specific learning disability is apparent at this time.

Recommendations:

1. LARD conference with parent.
2. Regular teachers may review attached goals for Word Attack and Math concepts to aid in planning.
3. Limit visual distraction as much as possible.
4. Be sure that LARoyce understands what is expected of him and that he knows the consequences for incomplete tasks.
5. Increase general fund of information by way of visual aides and group discussion. Encourage special interests or hobbies.

INTERPRETATION OF TEST RESULTS / FORM A Grade 1 ed ma 6 6.78ms

SUMMARY OF SCORES La Rayce Smith Page 1. Subject's Grade Placement (G) 1.9

TEST	Raw Score	(MS) Mastery Score TABLE I	(E) Easy Reading Level TABLE I	Relative Mastery at E	(R) Reading Grade Score TABLE I	Relative Mastery at R	(F) Failure Reading Level TABLE I	Relative Mastery at F	(MS_G) Mastery Score at G TABLE II	(MS)–(MS_G) Achievement Index (Indicate + or –)	Relative Mastery at G TABLE III	Percentile Ranks TABLE III
Letter Identification .... (45)	34	132 [1]	2.0	96%	2.3	90%	2.7	75%	87	45	+ 100 %	99
Word Identification .... (150)	6	52	1.3	96%	1.4	90%	1.5	75%	35	17	98 %	82
Word Attack ..... (50)	0	48	1.2	96%	1.2	90%	1.4	75%	46	2	92 %	54
Word Comprehension ... (70)	0	15	1.1	96%	1.2	90%	1.3	75%	7	8 [3]	96 %	6
Passage Comprehension ... (85)	0	17	1.0	96%	1.1	90%	1.2	75%	21	-4 [3]	85 %	42
(Total)		264										
TOTAL READING [2] ..... (Total ÷ 5)		53 [3]	1.1	96%	1.3	90%	1.5	75%	49	4 [3]	93 %	65

SPECIAL INSTRUCTIONS

[1] Assume a mastery score of 173 for pupils reading at grade six or above who were not administered the Letter Identification Test.

[2] Total reading score is based on the average mastery score for the five tests.

[3] Double-check all arithmetic calculations.

[4] Complete the Mastery Profile as follows:

a) place dots within each bar to represent points E, R, and F

b) draw a double-ended arrow (⟷) between each pair of E and F points to represent the instructional range

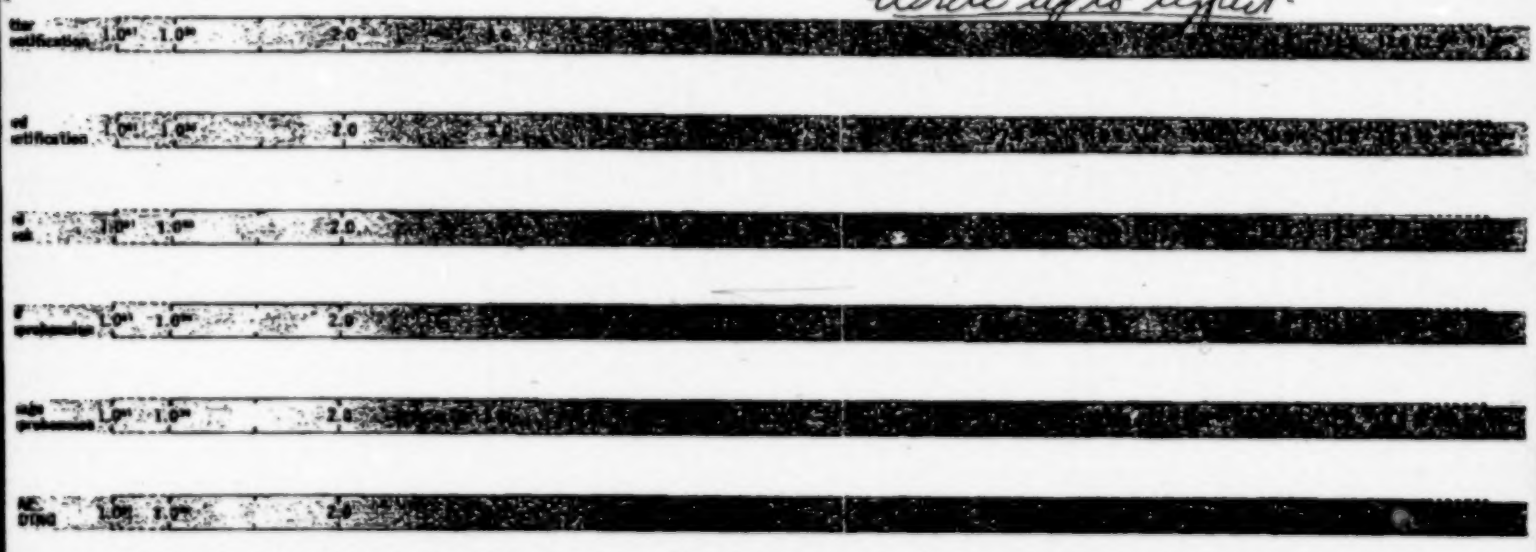
c) record, above the bar, the percent of mastery for each E, R, and F point

d) using a different color, place an "X" within each bar to represent point G

e) record, below each bar, the percent of mastery at G.

MASTERY PROFILE [4]

Write up to typist.



See the manual for additional interpretive procedures including age scores, standard scores, separate percentile rank norms for boys and girls, SES-adjusted norms, and use of the Reference Scales in criterion-referenced interpretations.

C-75-3701

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Student Services
Professional Report

Student's Name Smith (Last) LaRoyce (First) (Middle) School T. G. Terry

Student Identification No. 507954 Student Services No. 53817

Report by Robbye Harper (Name of Person) for LARD Committee (Profession)

LARD Notes: Date 1- 8- 79 (Month Day Year)

Three invitations have been extended to this parent but could not attend. Local committee met. Local school will followup as deemed appropriate.

The Psychological Associate reported: A measure of intellectual potential administered last summer yeilded overall expectancy estimated to be within the low average range. Considerable scatter was noted among subtests with range from the mildly retarded range up to the average range. Achievement screening suggested performance above expectancy in spelling and arithmetic while reading appears to be commensurate with expectancy. No emotional problems were noted. Perceptual-motor problems were evident.

A physical examination revealed good general health with no limitations.

The Educational Diagnostician reported: LaRoyce main problem is dealing with school environment in his "fidgety" out-of-seat behavior. The teacher reported LaRoyce is repeating tasks attempted last year for the purpose of reinforcement as well as readiness for more complex tasks. Average progress was noted. Distractibility seems to be a primary interferring factor though his achievement scores suggest better than expected performance. While he demonstrated limited word attack and math reasoning skills his performance scores are commensurate with expected low average performance.

While eligibility does not appear to have been established for Special Education resource room service, his teacher suggested the remedial efforts and repetition in regular 1st grade appear to be meeting his needs at this time. His performance should be observed over the next year and re-referral may be deemed appropriate if in class performance does not improve and significant maturity in seat behavior is not observed.

Review with teacher at end of year.

STUDENT NAME LaRoyce Smith Adaptive Education Number 53817

REASON FOR REFERRAL

LaRoyce was referred for psychological evaluation
(name)

- ✓ by the Pupil Personnel Committee
- ____ by School District Personnel
- ____ by the parent
- ____ by (other-specify) attendance

noting

- ✓ lack of academic progress and speech difficulties as areas of concern. ~~as the primary concern~~.
- ____ behavioral difficulties as the primary concern.
- ____ both academic and behavioral difficulties as areas of concern.
- ____ the need for 3 year re-evaluation in keeping with the Texas Education Agency guidelines regarding periodic re-evaluation of special education students.
- ____ (other-specify) _____.

_____ is currently enrolled in special education classes as
(name)

- ____ ~~This is a~~
- ____ a mentally retarded
- ____ a language and learning disabled
- ____ an emotionally disturbed
- ____ an other health impaired
- ____ (other-specify) _____ student.

Local school personnel report weakness(es) in

- ✓ reading,
- ✓ arithmetic,
- ✓ spelling,
- ____ ability to complete assignments
- ____ attendance
- ____ cooperation with teacher
- ____ ability to control emotions
- ____ ability to relate to peers
- ✓ ability to attend to instruction,
- ✓ ability to retain instruction,
- ✓ attention span,
- ____ acceptance by peers
- ____ respect for the teacher
- and ✓ speech.
- ____ (other-specify) _____

Relative strength(s) was/were indicated in

- ____ reading
- ____ arithmetic
- ____ spelling
- ____ ~~ability to~~ complete assignments
- ✓ attendance,
- ____ cooperation with teacher
- ✓ ability to control emotions,
- ✓ ability to relate to peers,
- ____ ability to attend to instruction
- ____ ability to retain instruction
- ____ attention span
- ✓ acceptance by peers,
- and ✓ respect for teacher.
- ____ speech
- ____ (other-specify) _____

Alternatives attempted to date include

- ✓ one to one instruction and
- ✓ peer tutoring.
- ____ modified class schedule
- ____ a campus based compensatory program
- ____ involvement in a bi-lingual education program
- ____ modified instruction in the regular classroom
- ____ cross-age tutoring
- X (other-specify) LaRoyce was also previously evaluated for special education services in 1978 but found ineligible for placement at that time. It is also noted that LaRoyce repeated 1st grade.

BACKGROUND INFORMATION

____ Developmental and Sociological information was not available to the examiner at the time this report was prepared.

STUDENT NAME La Royce Smith Adaptive Education Number 53817

_____The parent _____(other-specify) was unable to provide information pertaining to the specifics of pregnancy and birth.

__✓__Birth and developmental information are available in previous assessment data and will not be reiterated within this report.

There has not been any significant change in developmental or sociological information subsequent to La Royce '(s) (name) previous evaluation. LaRoyce is the middle child of three children and resides with his parents.

_____Significant changes in developmental and sociological information include (specify):

_____

_____

_____.

*Information provided by the _____parent _____ (other-specify) indicates _____ is
(name)

_____an only child.

_____the first	of	_____two
_____the second		_____three
_____the third		_____four
_____the fourth		_____five
_____(other-specify)		_____(other-specify)

children.

He/She currently resides with the _____mother. _____father. _____natural parents. _____mother and stepfather. _____grandparent(s). _____(other-specify)_____.

The natural parents are currently _____divorced _____separated _____and there _____is _____is no contact with the absent parent.

_____Pregnancy was characterized as uneventful.
_____Labor was reported as longer than 10 hours.
_____The mother was reported to have experienced
_____bleeding or cramping in the first 6 months.
_____fever.
_____exposure to infection.
_____excessive swelling or weight gain.
_____high blood pressure.
_____(other-specify)_____

_____.

Term of pregnancy was reported as _____months and birthweight was reported as _____pounds, _____ounces.

_____reportedly remained in an incubator after the first day.
(name)

_____At birth a _____blue _____yellow color to the infant's skin was noted.

_____The infant was hospitalized longer than the mother.

_____was delivered by Caesarean section.
(name)

_____Developmental milestones were
_____reported to be within normal limits.
_____reportedly delayed.

_____Health history as reported by the parent is
_____essentially unremarkable.
_____significant. (Specify)_____

_____.

STUDENT NAME La Royce Smith Adaptive Education Number 53817

Responsibilities at home include Helping with housework.

X English ___ Spanish ___ (other-specify) ___ is ~~reported as~~ the ~~primary~~ language used in the home.

___ School personnel indicated that ___ (name) expresses himself/herself mainly in ___ (language).

The evaluation was conducted in ___ (language).

X Speech difficulties X were ___ were not noted in referral information.

*OBSERVATIONS

La Royce (name) accompanied the examiner to the testing room ✓ readily ___ hesitantly ___ (other-specify) ___ and responded in a ✓ cooperative ___ negative ___ (other-specify) ___ manner.

Rapport was ✓ easily established and maintained. ___ easily established but difficult to maintain. ___ difficult to establish but adequately maintained once established. ___ difficult to establish and maintain.

He/She ✓ engaged in spontaneous conversation. ___ responded appropriately to questions posed. ___ responded to questions with a brief one or two word reply. ___ responded to questions with gestures.

La Royce (name)'(s) response style was ___ quick and efficient. ___ slow but accurate. ✓ quick with ~~little~~ limited attention to accuracy. ___ slow with little attention to accuracy. ___ (other-specify) ___

He (name) appeared ___ unaware of his/her errors. ✓ aware of ~~his/her~~ some of errors and was self-corrective at times. ___ aware of his/her errors but was not self-corrective.

Investment in evaluation tasks was ✓ excellent. ___ adequate. ___ marginal. ___ poor. ___ marginal and is felt to have resulted in spuriously low measured results. ___ poor and is felt to have resulted in spuriously low measured results.

___ Distractibility ___ Limited attention span ___ Lack of motivation ___ Poor concentration ___ Difficulty following test directions was/were noted during the evaluation. Nasal congestion and trouble breathing were noted during the evaluation.

___ Test conditions were less than optimal and measured results may have been affected due to these circumstances.

X Test conditions were adequate.

X Test results are felt to be a valid indication of current measurable functioning.

___ Test results are not believed to be a valid estimate of current functioning and it is felt that ___ (name)'(s) capabilities exceed current measured functioning.

TEST RESULTS

Current overall intellectual functioning, as estimated by a short form of the ~~measured by the~~ Wechsler Intelligence Scale for Children-Revised (WISC-R) is in the

___ Very Superior ___ Superior ___ High Average ___ Average X Low Average ___ Borderline ___ Mentally Deficient range of intelligence (~~Full Scale~~ Deviation IQ score of 88).

STUDENT NAME La Royce Smith Adaptive Education Number 53817

_____ had a great deal of difficulty sounding out WRAT Reading and Spelling
(name)
words.

_____ was not able to successfully sound out WRAT Reading and Spelling words.
(name)

____Problems were noted with ____initial consonants ____final consonants ____vowel sounds ____consonant blends ____sound blending ____(other-specify)_____.

____On the arithmetic section of the WRAT, he/she
____was unable to correctly compute any of the written computation items.
____was successful in
____one/two digit addition ____division
____one/two digit subtraction ____fractions
____multiplication ____(other-specify)_____.

_____ experienced difficulty with ____discriminating signs
(name)
____regrouping ____carrying ____borrowing ____reversal of numbers
____(other-specify)_____.

X The Bender Visual Motor Gestalt test was administered.
Two Errors of ____integration ____perseveration ____rotation X distortion
were noted with an age equivalent score of 10 years, ~~____months~~ (Koppitz), which is
____(other-specify) consistent with LaRoyce's current age.

_____'(s) score indicates an age equivalency of from _____ to
(name)
____years in ability to integrate visual input with fine motor activity.

✓ Design quality was ✓ appropriate ____poor and ____significant ✓ no
significant ✓ visual perceptual ____emotional involvement was suggested.

____An excessive amount of time was required to complete the test.

____Designs were hastily drawn with little attention to detail.

La Royce was self-corrective and would attempt to improve the quality of
(name)
his/her designs.

_____ demonstrated a somewhat disorganized approach in terms of his/her
(name)
placement of the designs on the paper.

✓ Line quality was ____poor ✓ adequate.

____There was a faint or light line quality noted on _____'(s) drawings.
(name)

____The lines produced by _____ when copying the Bender designs were
(name)
heavy and at times overworked.

_____ demonstrated a level of development commensurate with his/her
(name)
measured intellectual functioning.

____(other Bender comments - specify)_____

_____.

✓ No significant emotional involvement was suggested in referral data or during this session and projective testing was not undertaken at this time. As screening measures LaRoyce drew a human figure and a free-choice drawing which were ~~unremarkable~~ adequate.

STUDENT NAME La Royce Smith Adaptive Education Number 53817

** ____Projective techniques administered included the
____HTP ____Draw A Person ____Rohde Sentence Completion Test
____Kinetic Family Drawing ____TED ____CAT ____TAT
____(other-specify)_____.

_____'(s) responses were brief and unrevealing and no significant emotional
(name)
involvement was suggested.

____Responses to projective items suggest that _____ is ____an anxious
(name)
____an insecure ____an angry ____a hostile ____a passive ____an impulsive
____(other-specify)_____individual.

____While emotional factors do appear to be involved in the dynamics of this case, special class placement on the basis of emotional factors does not appear warranted at this time.

**SUMMARY

La Royce is a 10 year, 0 month old student referred due to
(name)
____academic difficulties ____behavioral difficulties ✓ academic and ~~behavioral~~ speech difficulties. ____the need for 3 year re-evaluation.

Current overall intellectual functioning as ~~measured by the~~ estimated by a short form of the WISC-R is within the
____High Average ____Average X Low Average ____Borderline
____Mildly Retarded ____Moderately Retarded ____Severely Retarded ____Profoundly Retarded range.

Measured achievement was
____essentially commensurate with
____significantly below
____somewhat below
____somewhat above
____significantly above
measured intelligence in the area(s) of ____reading ____spelling and ____arithmetic

____essentially commensurate with
____significantly below
____somewhat below
____somewhat above
____significantly above
intellectual functioning in the area(s) of ____reading ____spelling ____arithmetic.

____Significant
X No significant visual perceptual problems were suggested.

____Although significant visual perceptual impairment was noted, visual perceptual skills were commensurate with measured intellectual abilities.

*RECOMMENDATIONS

X Refer to local ARD for consideration of appropriate class placement.
X Refer for speech evaluation.
____Explore available counseling resources.
____Follow-up by local building nurse.
____Obtain formal measure of adaptive behavior.
____(other-specify)_____

_____.

Barbara H Quinn
Examiner's Signature

WHITE — District Office
CANARY — Local School
PINK — Parent

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Admission, Review and Dismissal
Individualized Educational Program
Committee Report

Meeting 4-10-85
Date 3-22-85

Name Lavelyce Smith I.D. No. 5C7454 Student Services No. 53217

Date of Birth 4-23-71 School Hulcy Grade 7th

Parent/Guardian Mr. + Mrs. L. Smith Phone Numbers: Bus. _____ Home 224-7646

Home Address 7427 Brierfield Dr. K-3 School Terry

Notice of meeting sent to parents by L Hughes (Name of sender) Date 3-22-85

Purpose of ARD/IEP Meeting Annual Review & Re-eval data Date 4-10-85

I. The Committee reviewed the following data: (Include related services assessment — specify reports and dates.)

A. Assessment Reports reviewed and attached: (Indicate if reports are from another district.)

4-14-85 WISC-R: Verbal 75, Performance 84, Full Scale 78
WJ PEB II: Reading 2.6, Math 5.6, Written Language 4.2

B. Assessment data or information from the parent or student: (Include Developmental-Social information.)

4-19-84 Sociological on file

C. Assessment data or information from other school personnel, agencies or other professionals.

2-1-84 Medical update - well child
3-22-85 Competency testing - see attached report

D. Current instructional arrangement and/or related services: Resource room

II. The committee decided that the student

____ did not meet any specific eligibility criteria at this time.

✓ met the specific eligibility criteria for Transitional Learning Disabled (Handicapping condition(s))

The discussion of eligibility included the following points (specify points and persons making them):

See attached report

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Admission, Review and Dismissal/ Individualized Educational Program Committee Report

Name Lucy - Smith I. D. # [redacted] S.S. # 53217 Date 3-22-83

III. The Committee decided that this student

✓ needs special education services because of the handicapping condition(s) sited above.

_____ does not need special education services at this time.

The discussion of need for services included the following points (specify points and persons making them):

IV. The committee ensures that this student is not assigned to special education on the basis of criteria which were developed solely on the command of the English Language ✓ yes _____ no.

Discussion:

A. Adaptations of testing procedures —

B. Use of interpreter —

V. The committee ensures that this student was not placed in special education if the only deficiencies identified are directly attributable to:

A. a different cultural lifestyle based on sociological data ✓ yes _____ no.

B. not having had educational opportunities based on sociological and school data ✓ yes _____ no.

C. not having achieved from previous educational experiences based on school data ✓ yes _____ no.

Discussion:

VI. Present competencies are identified in the attached IEP assessment report in each of the following areas: _____

Academic/developmental: (Grade or age level not acceptable)

Strengths: silent reading comprehension

Weaknesses: decoding skills, oral reading skills

Physical as it affects participation in:

Instructional setting:

Physical education: none

Behavioral, as it affects:

Educational programming:

Discipline: treat as a regular student

Vocational: (When appropriate)

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WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

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ADMISSION, REVIEW AND DISMISSAL REPORT

Student's Name LaRaye Smith School T. S. Tuy, Elem.
Birth Date 4-23-71 Date of Staffing 1-8-78
Identification No. 507954 ☑ Local ARD ☐ Area ARD
Adaptive Education No. 53817 ☐ Central ARD
Purpose of Staffing: ☐ Admission ☑ Review ☐ Dismissal Record Staffing Deliberations on 3.0
Forms Received for Local ARD (Date): 1.0 4-78; 1.1 4-78; 1.2 4-78; 2.0 a-78;
Physical 10-78; Psychological 6-78; Educational 9-78 11-78; Sociological 2-78.

STAFFING RECOMMENDATIONS

Eligible for S.E. placement on basis of:

☐ Visual Handicap
☐ Auditory Handicap
☐ Minimal Brain Injury
☐ Orthopedic or Other Health Impaired
☐ Educable Mentally Retarded
☐ Trainable Mentally Retarded
☐ Emotionally Disturbed
☐ Language and/or Learning Disability
☐ Speech Handicap
☐ Multi-handicap (Primary _____ Secondary _____)
☐ Marginal Identification
☐ Adaptive Behavior indicators were reviewed and appear to be consistent with the intellectual assessment.

Placement at _____ School

☐ Resource Room
☐ Less than 2 hours daily
☐ More than 2 hours daily
☐ Self-contained Class
☐ Early Childhood Class
☐ Developmental Center
☐ Work Activity Center
☐ Vocational Adjustment Class
☐ Speech Therapy
☐ Other _____

Specific Recommendations _____

Placement deferred due to: does not appear to be eligible for services

Further documentation and/or follow-up by (be specific)

☐ Teacher _____
☐ Educational Diagnostician _____
☐ Health Services _____
☐ Psychological Services _____
☐ Speech Clinician _____
☐ Visiting Teacher _____
☐ Counselor _____
☐ Other _____

SPECIAL EDUCATION NOT RECOMMENDED ✓ Refer to: note above.

Dismissal: ☐ Services no longer required ☐ Student moving _____
☐ Parent request ☐ Non-attendance ☐ Other _____ (location)

Parent or Guardian present: ☐ Yes ☑ No
Further parent contact by _____
Comments: Invitations have been extended to the parent

Dissenting Opinion: _____

Admission, Review and Dismissal Committee:
Chairperson _____ Administrator
_____ Teacher
_____ Health Services
_____ Diagnostician
_____ Speech Clinician
_____ Psychological Services
_____ Home-School Coordinator

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WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team

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PUPIL PERSONNEL COMMITTEE
Screening Report

School T. G. TERRY Date 4-20-78

Student's Name LaRoyce Smith Birth Date 4-23-71 Grade 1 Id. No. 507954

Father Leroy Smith Mother Johnnie Mae Smith

Child lives with parents (Relationship) Address 7427 Brierfield

Name _____ (If other than parent) Telephone: Business Father 942-2444 Home ~~224-0358~~ NOT correct number Mother _____ on other party just received 6-18-78 Em

A	(N)	MA	Ind	Or	Other	(M)	F	(E)	Sp	Other
ETHNICITY						SEX		PRIMARY LANGUAGE		

Reason for referral:

Academic (describe) K-level in all academics; low retention; cannot perform number quantities

Behavioral (describe) disruptive

Other See P. 3*

Action taken (list alternatives attempted with student)

1. individual instruction
2. small group work
3. Touch Repetition

Have parents been contacted about student's difficulties? ☐ Yes ☑ No

By whom? Mrs. Adrian Dates Will contact parents

By what means? ☐ School Conference ☐ Home Visit ☐ Telephone

RECOMMENDATIONS:

☐ Regular class placement ☐ Alternate program _____ (Type) ☐ Tutoring

☐ Counseling _____ (By Whom) ☐ Adjust individualized instruction

☐ Parent conference ☑ Refer to ARD Committee ☐ Other _____

Pupil Personnel Committee:

Dr. J. O. Vandygriff (Administrator) L. Biedenharn - 2nd grade (Name and Position)

Veneeta Howell (Name and Position) A. Peterson 1st grade (Name and Position)

Virginia Phelps 3rd grade (Name and Position) Hollie McLeroy Resource Teacher (Name and Position)

Nancy Adrian - home room Teacher

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TEACHERS' OBSERVATION CHECKLIST

Legal Name Smith (Last) La Royce (First) Lothair (Middle) Birth Date 4 (Month) 23 (Day) 71 (Year)

Student's Identification # 507954 Adaptive Education # 53817

Please respond to each item by marking the number which best represents your opinion of this child's behaviors:

1. Definite strength
2. Fairly strong
3. Comparable to peers
4. Fairly weak
5. Definite weakness

- [5] Reading (estimated grade level K)
- [5] Arithmetic (skills, addition, subtraction, multiplication, division, etc.)
- [5] Spelling (estimated grade level: K)
- [2] Completes assignments
- [2] Attendance
- [4] Cooperates with teacher
- [4] Controls emotions
- [3] Relates well with peers
- [4] Is not disruptive
- [4] Attends to instruction
- [5] Retains instruction
- [4] Attention span
- [3] Is accepted by peers
- [3] Shows respect to teacher
- [ ] Other _____
- [ ] Other _____

Have you contacted the parent regarding the student's problems? No____ Yes____

Results of contact (Date _____) _____

Describe your efforts to assist this student (use backside of sheet if necessary)

Individual assistance - small group work - much repetion

What type of assistance do you feel this student needs? _____

Teacher Nancy Adrian

Subject 1st grade

Date 4-14-78

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DEVELOPMENTAL, SOCIOLOGICAL, AND HEALTH INFORMATION

Student's Name La Royce Smith

Student Identification No. 507954 Adaptive Education No. 53817

Social and Family History

Attach completed Developmental, and Sociological Information (D&SI) to this form if this is an initial referral.
D&SI completed _____ and forwarded to Central Files.
If D&S Information is not available, please explain and state known information about family constellation, number of brothers and sisters, occupation of parents, etc.

Have other family members been seen by DISD Psychological Services?

Name _____ (Last / First / Middle) Birth Date _____ (Month / Day / Year) Year Seen _____

Has this child had previous psychological or psychiatric evaluation? Date _____
DISD _____ Other agency or examiner _____

Has Visiting Teacher worked with this child or other family members? _____
DATE _____ (Month / Day / Year) _____ (V.T. or other person completing information)

Health Information (Existing data only)

Please note any known health problems (epilepsy, etc.) _____

Vision: R 20/20 L 20/20 Date Tested 4/78 Comment _____
Hearing: R P L P Date Tested 2/78 Comment _____

Has child had neurological examination? Yes - Normal Date 2/3/78
Other pertinent medical examination? _____ Date _____
Name and address of physician or agency West Park Headstart by Dr. A.L. Alfaro

Date 4 24 78 (Month / Day / Year) A Fuentes RN (School Nurse)

WHITE — Appraisal Team/Central File
CANARY — Local School
PINK — Appraisal Team
GOLDENROD — Parent

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REFERRAL FOR INDIVIDUAL STUDY

Comprehensive Appraisal Services

Adaptive Education No. 53817 Date Received 6- 21- 78 (Month Day Year)

Student Identification No. 507954

Name of Pupil Smith (Last) La Royce (First) — (Middle) Birth Date 4- 23- 71 (Month Day Year)

Father Leroy Smith Mother Johnnie Mae Smith

Child Lives with parents (Relationship) Address 7427 Brierfield

Father 2420444

Name — (If other than parent) Telephone: Business: Home

Mother

School I. G. Terry Grade 1

ETHNICITY						SEX	
1	(2)	3	4	5	6	(1)	2
A	(N)	MA	IND	OR	OTH	(M)	F

Language used in the home is primarily: (1) English 2 Spanish 3 Other (Circle One)
Language in which student is most proficient: — — — (Check One)

PARENTAL AUTHORIZATION AND CONSENT

The purpose of this request for Adaptive Education Services has been discussed with me. I understand that the following services *may* be required.

- [X] 1. Classroom observation
- [X] 2. Educational appraisal
- [X] 3. Speech and language evaluation
- [X] 4. Family and individual background information
- [X] 5. Psychological appraisal
- [X] 6. Medical consultation parent gives consent for DISD medical
- [X] 7. General medical evaluation; vision and hearing testing
- [X] 8. Consideration for Special Education placement
- [ ] 9. Other

Date: 6-21-78

D'Anna Morrow
DISD Professional Personnel Securing Authorization

Johnnie Mae Smith
Parent or Legal Guardian

PERMISSION TO REQUEST PERTINENT INFORMATION

Permission is granted to Adaptive Education to request pertinent information, such as ☐ school records, ☐ medical records, ☐ psychological and/or psychiatric reports of _____ (Student's Name)

from _____ : _____

Date: _____

_____
Parent or Legal Guardian

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DEVELOPMENTAL AND SOCIOLOGICAL INFORMATION

6-21-78
Date

53817
Adaptive Ed. Number

Dear Parent:

It is the desire of the Department of Adaptive Education to have as much information as possible about your child in order to better understand the problem and to provide as much assistance as possible. Your cooperation is greatly appreciated.

Name of Child	Birthdate	Sex	Race	Grade	School
LaRoyce Smith	4-23-71	M.	Bl.	1	T.G. Terry

Father's Name	Employer	Job Title	Phone
Leroy Smith Jr.	Vocational Heat Treating	Truck Driver	357-0394

Mother's Name	Employer	Job Title	Phone
Johnnie Mae Smith	Mostek	Operator	288-0444

Step-Father	Employer	Job Title	Phone
none			

Step-Mother	Employer	Job Title	Phone
none			

Child lives with	Address	Phone
Mother & Father	7427 Brunfield	224-1823

The language most often spoken in the home is English

Are the parents separated or divorced? no When? / Who has legal custody of the child? _____. Describe the child's contact with the absent parent _____

List the names of all family members beginning with the oldest.

	NAME	Birthdate	Sex	Grade in School Now	Highest Grade Completed
Father	Leroy Smith Sr.	9-23-43	M		10th
Mother	Johnnie Mae Smith	2-20-43	F		12th
CHILDREN	Myron Tyson Wilson	8-26-61	M	11th	
	LaRoyce Lattrell Smith	4-23-71	M	1st	
	Nonetta LaShaun Smith	12-16-77	F	0	

Which members no longer live at home? _____

List the names of other people living with you. none

Please describe what you believe your child's problems and concerns are: Maybe immature - has been picked a lot

HEALTH AND MEDICAL HISTORY

Has your child's general health been good? ✓ Yes ____ No. Explain ____

Does your child usually have a yearly examination? ✓ Yes ____ No.
When was he/she last seen by a doctor or health clinic? 6-77
What was his/her last illness? ____

Has your child ever had a serious accident or been hospitalized for any reason (knocked unconscious, taken poison, overdose of pills, etc.)? ____ Yes ✓ No.
Explain ____

Please check if your child has had any of the following problems:

- no allergies (asthma, hayfever, sinus trouble, food or medicine allergy)
- no convulsion (fit, shaking spell, epileptic seizure) within 3 years
- no frequent headaches
- yes frequent colds/or sore throats
- no fainting
- yes frequent stomach aches
- no recent ear infections (past year)
- ____ other (describe) ____

Have you ever suspected a vision problem? ____ Yes ✓ No. Explain ____. Have you ever suspected a hearing problem?
✓ Yes ____ No. Explain ____

Does your child tire easily? ____ Yes ✓ No.
Has there been any recent weight loss (over 5 lbs) or gain (over 10 lbs) in the past year? ____ Yes ✓ No.
Are bowel and bladder habits normal? ✓ Yes ____ No. Explain ____

Is your child's balance and coordination as good as other children his/her age?
✓ Yes ____ No.
Does your child seem over-active (always "on the go"; difficulty paying attention at home or school; can't sit still)? ✓ Yes ____ No. Explain ____

Please list a typical day's meals for your child:

Breakfast	Lunch	Supper	Snacks
Cereal/Bacon/ Toast, Milk	Sandwich Cool Drink	Meat Veg. Potatoes	Cookies Chips

Does he/she often skip breakfast? ____ Yes ✓ No.
Recently has your child had difficulty sleeping? ____ Yes ✓ No.
Has he/she needed medicine to sleep in the past year? ____ Yes ✓ No.
Does your child get at least 8-9 hours sleep each night? ____ Yes ✓ No.
Does your child have any speech difficulty? ____ Yes ✓ No. (If yes, describe the nature of problem and any help received) ____

Does your child understand spoken directions? ✓ Yes ____ No.
Is there any other health information that you feel is important? ____ Yes ✓ No.
Explain ____

DEVELOPMENTAL HISTORY

Were any of the following conditions noted during pregnancy?

no bleeding or cramping in first 6 months
no fever
no exposure to infection (measles, etc.)
yes excessive swelling or weight gain
yes high blood pressure
no use any medicines not prescribed by doctor
____ other

Which pregnancy was this? 3rd

What was your age with this pregnancy? 28

Did you have regular visits to the doctor? ✓ Yes ____ No.

Describe any emotional or physical problems the mother had at the time or soon after the birth of this child high blood pressure

Have you ever had a miscarriage? ✓ Yes ____ No.

Did you carry this child about 9 months? ____ Yes ____ No. (If no, how long? ____)

Birth weight 6 lbs 12 oz.

What type of feeding was used for your child? Similac regular

LABOR, DELIVERY AND NEWBORN PERIOD

Were any of the following conditions present? (labor and delivery)

no labor longer than 10 hours
yes large amount of bleeding
no breathing difficult for infant
no in incubator after first day
No blue color to skin
No yellow color to skin (yellow jaundice)
No given oxygen
yes infant hospitalized longer than mother dipper - thru
no Caesarean section (operation to take the baby)
no breech delivery

Were there any feeding problems during the first month of life (colic, etc.)?
____ Yes ✓ No. Explain: ____

Describe your child's disposition or mood as a baby (happy; always crying; very quiet; etc.) Very Quiet

List the ages, (as closely as you can remember it) when your child could do the following:

7 mo sit alone
7 mo crawl
9 mo walk alone
____ feed self
22 mo toilet trained

____ knew 2-3 words
____ put two words together (Hi, Daddy, etc.)
2½ dress self (except tie shoes)
3 ride tricycle
5 or 6 ride bicycle

Please list each school your child has attended beginning with kindergarten.

NAME OF SCHOOL	CITY OR TOWN	GRADE(S)
Windsor	Dallas	Kindergarten
T. C. Jerry	Dallas	1st

Has your child ever repeated a grade? Yes Which grade? First grade

Describe the contacts you have had with school personnel (teachers, principals, visiting teachers, etc.) or community agencies (public welfare, child welfare, child guidance, etc.) concerning your child's problem.

Describe any learning problem or difficulty in school that any member of your family has had.

If your child was absent more than 10 days last year or this year, what were the reasons?

Describe the circumstances in the home which affect your child's school performance.

Describe any special program or Special Education class that your child has been involved with. None

In the home, who is responsible for most of your child's discipline? Me
When there is a conflict in the home concerning your child, how is the problem handled?

When punished, how does your child react or behave?

Please list the activities that your family participates in on a regular basis (such as visits with relatives, vacations, social organizations, sports, etc.)

If any member of your family has had psychiatric of psychological evaluations, therapy or counseling, please describe.

If chronic alcoholism, using drugs, or criminal involvement has been a problem in your family, please describe how any of these may have contributed to your child's problem.

Are there any health problems which have been passed from one generation to another?
_____ (Describe)

195

Describe your child's relationship with:

(1) Father good - needs more time w/ child

(2) Mother very close

(3) Brothers fair

(4) Sisters very good

(5) Others in the home

(6) Friends

Which member of your family does your child look up to the most? mother

What does your child do to get attention? nothing

Concerning certain family rules, please check any of the following that apply to your child:

- ___ Has a regular bedtime
- ✓ Has regular routine chores
- ___ Has regular study time
- ___ Has limits on viewing TV
- ___ Participates in social activities
- ✓ Has all kinds of friends
- ___ Returns home from school at a set time
- ___ Has a motorbike
- ___ Is allowed to play anywhere in the neighborhood
- ___ Has a car
- ___ Is allowed to date
- ✓ Has a set time to come home at night
- ___ Has a job to earn money
- ✓ Keeps self groomed well
- ___ Can Use public transportation
- ___ Goes to store alone
- ___ Goes to movie alone

Concerning certain problems, please check any of the following that your child HAS HAD and/or NOW HAS:

HAS	NOW		HAD	HAS
___	___	Slow in developing		
___	___	Physical coordination		
___	___	Thumbsucking		
___	___	Nailbiting		
___	___	Outburst of anger		
___	___	Fear of animals		
___	___	Fear of the dark		
___	___	Separation from parents		
___	___	Meeting strangers		
___	___	Hurting others		
___	___	Hurting self		
___	___	Bedwetting		
___	___	Soiling		
___	___	Head banging		
✓	✓	Overly active	on the go	

What do you hope that your child will oe able to do? all the thing that a seven year old can do

In your opinion, what do you think the school should provide for your child? program got going at early age for children - maybe it would help him

What questions do you want answered? results of evaluation - follow it up

Signature of person providing information for this questionnaire:

Johnnie Smith
Signature

6-22-78
Date

D'Anna Morrow
~~Visiting Teac~~ Psyc. Assoc.

WHITE — Remains in Adapt Ed File
CANARY — School
PINK — Psychological Associate

dallas independent school district

PSYCHOLOGICAL SERVICES

Individual Study Status Report

Name: LaRoyce Smith Case # 53817 School Terry

Psychological Associate: Morrow Date: 6-22-78

CHECKLIST FOR COMPLETED CASE

A. Forms (pink copy)

- ✓ 1.0 ✓ 2.0
- ✓ 1.1
- ✓ 1.2
- ✓ 1.3

B. Psychological Report

- ✓ Front Sheet (graph — all scores recorded: standard scores, etc.)
- ____ Stanine Sheet (graph filled in and all scores recorded)
- ____ Screening Report (Appropriate blocks checked)
- ✓ 4.0's (if applicable)

C. The Completed Report to be Routed as Checked:

- ✓ Local ARD
- ____ Area ARD Review
- ____ Area ARD Staffing
- ____ Neurological Evaluation
- ____ Psychiatric Evaluation
- ____ Other ____
- ____ Requesting further information ____
- ____ Staffing deferred pending ____
- ✓ Study read and approved as complete/incomplete by BK

Date: 7-19-78 Comments: ____

WISC-R RECORD FORM

Wechsler Intelligence Scale
for Children—Revised

ADDRESS 107

PARENT'S NAME

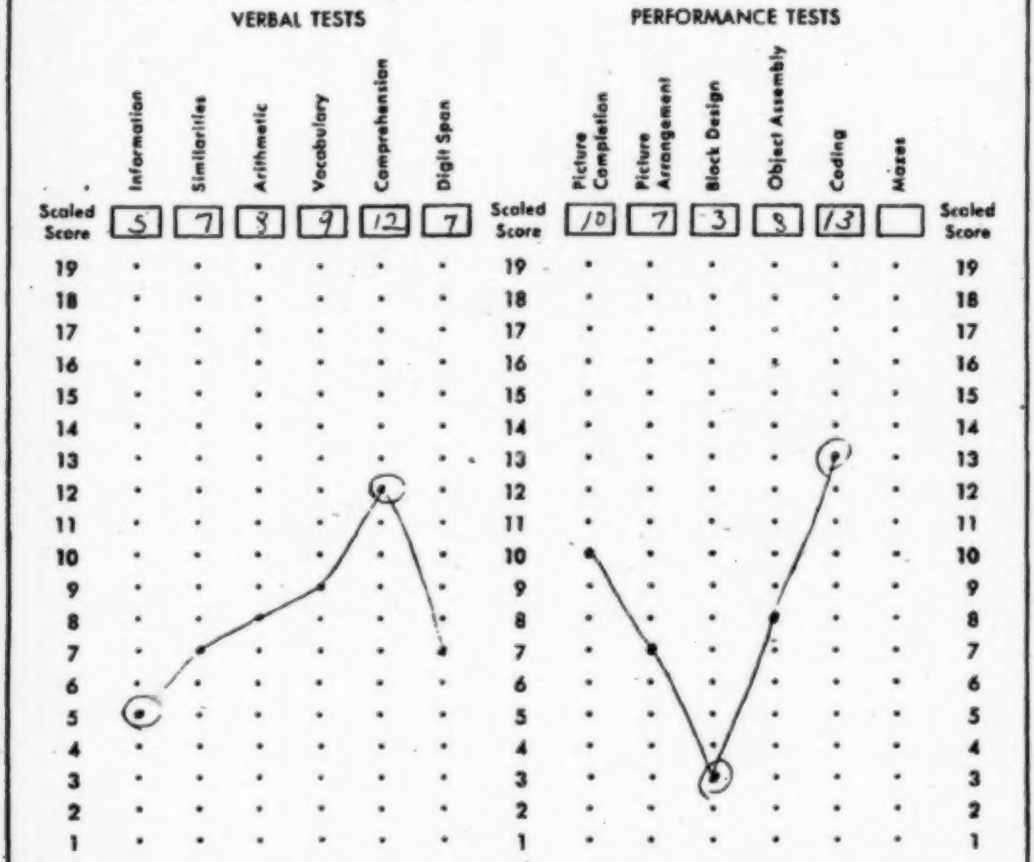
SCHOOL GRADE 1

PLACE OF TESTING TESTED BY S. Moore

REFERRED BY

WISC-R PROFILE

Clinicians who wish to draw a profile should first transfer the child's scaled scores to the row of boxes below. Then mark an X on the dot corresponding to the scaled score for each test, and draw a line connecting the X's.*



*See Chapter 4 in the manual for a discussion of the significance of differences between scores on the tests.

NOTES

	Year	Month	Day
Date Tested	1978	~~12~~ 5	~~22~~ 52
Date of Birth	1971	4	23
Age	7	1	29

	Raw Score	Scaled Score
VERBAL TESTS		
Information	4	5
Similarities	5	7
Arithmetic	6	8
Vocabulary	17	9
Comprehension	12	12
(Digit Span)	(5)	(7)
Verbal Score		41
PERFORMANCE TESTS		
Picture Completion	13	10
Picture Arrangement	7	7
Block Design	2	3
Object Assembly	9	8
Coding	45	13
(Mazes)	( )	( )
Performance Score		41

	Scaled Score	IQ
Verbal Score	41	88
Performance Score	41	87
Full Scale Score	82	87

*Prorated from 4 tests, if necessary.

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74-103AS

WIDE RANGE ACHIEVEMENT TEST

1976 EDITION

By J. F. Jastak, S. W. Bijou, S. R. Jastak

Name La Royce Smith Sex: (M) F. Birthday 4-23-71 Chron. Age 7.1

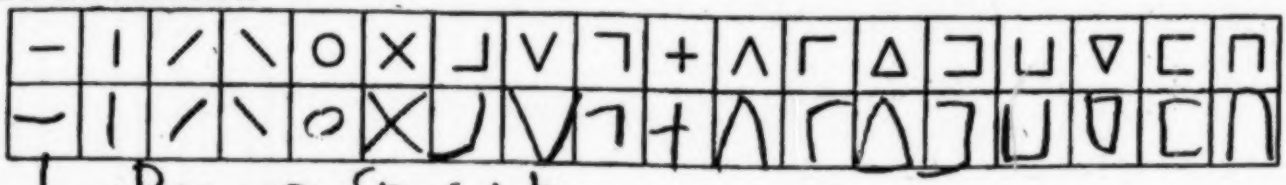
School J. D. Terry Grade 1

Referred by

Date 6-22-78 Examiner D. Morrow

Scores:	RAW	GRADE	% ILE	STAND.
Reading	29	1.4	21	88
Spelling	23	1.5	25	90
Arithmetic	24	2.1	58	103

PAGE 1: SPELLING I & II



Name LaRoyce Smith

1. gc
2. cat
3. n
4. pn
5.
6. Will
7. Ma
8. Mat
9. S
10.
11.
12. Lat
13.
14.
15.
16.
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43.
44.
45.
46.

FOR INDIVIDUAL AND GROUP COMPARISONS USE ONLY STANDARD SCORES ON PAGES 16 TO 42 OF MANUAL.

LEVEL I
Grade Norms

Raw Scores Test	Raw Scores Casual Score	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade
Copying		1	N.5	12	Kg.4	23	1.5	34	3.0	45	5.7	56	10.3
1 point per mark	1 to 18	2	N.8	13	Kg.5	24	1.6	35	3.2	46	6.0	57	10.9
		3	Pk.1	14	Kg.6	25	1.7	36	3.5	47	6.3	58	11.5
		4	Pk.2	15	Kg.7	26	1.8	37	3.7	48	6.5	59	12.2
		5	Pk.3	16	Kg.8	27	2.0	38	3.9	49	6.8	60	13.0
Name		6	Pk.5	17	Kg.9	28	2.2	39	4.2	50	7.2	61	13.8
1 letter	19	7	Pk.7	18	Gr.1.0	29	2.3	40	4.5	51	7.7	62	14.5
2 letters	20	8	Pk.9	19	1.1	30	2.5	41	4.7	52	8.2	63	15.2
Spelling		9	Kg.1	20	1.2	31	2.6	42	5.0	53	8.7	64	15.9
1 point per word	21 to 65	10	Kg.2	21	1.3	32	2.7	43	5.3	54	9.2	65	16.7
		11	Kg.3	22	1.4	33	2.9	44	5.5	55	9.7		

LEVEL II
Grade Norms

Raw Scores Test	Raw Scores Casual Score	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade	Score	Grade
Copying		0	Kg.2	11	4.0	21	6.7	31	9.0	41	12.4		
4-9	1	1	Kg.6	12	4.3	22	6.8	32	9.3	42	12.8		
10-17	2	2	Gr.1.0	13	4.6	23	7.0	33	9.6	43	13.2		
18	3	3	1.3	14	4.9	24	7.2	34	9.9	44	13.6		
		4	1.6	15	5.2	25	7.4	35	10.2	45	14.0		
Name		5	1.9	16	5.5	26	7.6	36	10.5	46	14.4		
1 letter	4	6	2.2	17	5.8	27	7.8	37	10.8	47	15.0		
2 letters	5	7	2.6	18	6.1	28	8.1	38	11.2	48	15.7		
Spelling		8	3.0	19	6.3	29	8.4	39	11.6	49	16.4		
1 point per word	6 to 51	9	3.3	20	6.5	30	8.7	40	12.0	50	17.2		
		10	3.7							51	18.0		

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Bender Gestalt
6-22-78

Cards	Time	Behavior
A	17"	∧ Rt. hand
1	54"	∧ "How many is them?" = feel like I'm making too many
2	57"	∧
3	13"	∧
4	37"	∧
5	38"	∧
6	30"	∧
7	51"	∧
8	28"	∧

$60\overline{)325.0}$ 5.41 = 5' 4"

300
250
240
100
60

C. A. = 7.1

$\bar{X}$ = 4.8

SD. = 3.61

Range = 1.2 to 8.4

4.8
3.61
8.41 = 1 SD

4.8
3.61
3.61
12.02 = 2 SD

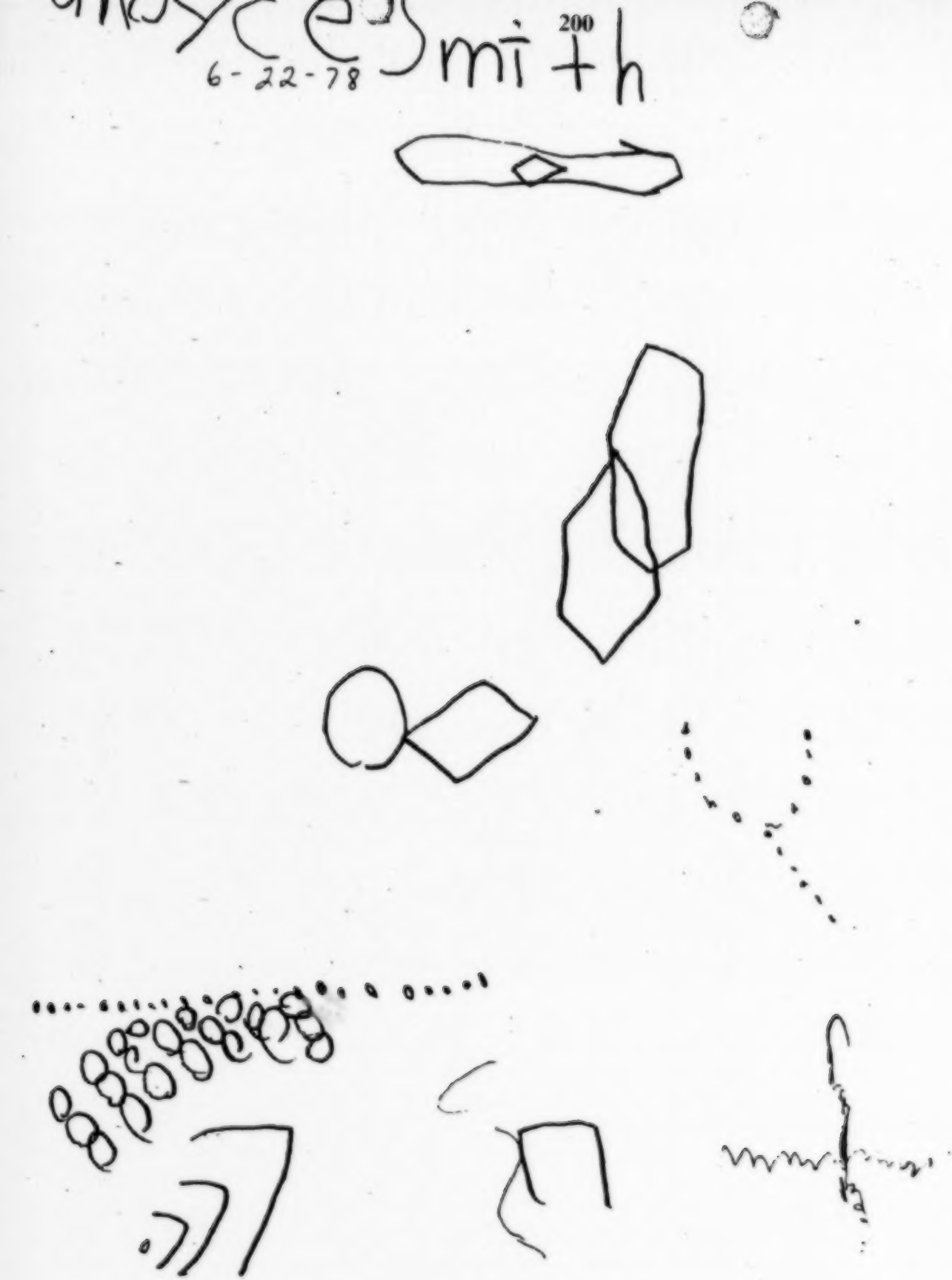
* 10 errors does suggests perceptual motor problems

Koppitz Scoring System

1	4 D
2	7 R
3	11 R
	12 I
4	13 R
5	16 R
6	18a D
7	21b D
	22 R
8	24 D

10 Errors

6-22-78



dallas independent school district

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

10/6/78
Date

Name of Student: LaRoyce Smith Sex Male

Birth Date: 4-23-71 Ethnic Group: Black

School: T.G. Terry Elementary

Dear Parent:

We are attempting to determine if your child needs special help in school. Part of the information considered in this determination is the health of your child. It will be necessary for you to take him (her) with these papers to your physician or clinic for a medical evaluation. Please sign the release form below granting the doctor permission to report his findings to my office.

To the Physician:

We would greatly appreciate the report of your medical evaluation. You are requested to mail the information on the enclosed form to my office.

This information will help us to determine the proper school placement for this child.

Sincerely yours,

R M Adams Ph.D.

Richard M. Adams, M. D.
Director — School Health Services
Dallas Independent School District

Release: I hereby grant permission for you to report your findings to Richard M. Adams, M. D., Director, School Health Services, Dallas Independent School District, 3700 Ross Avenue, Dallas, Texas, 75204.

Signature of Parent or Guardian

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child La Royce Smith Date of Examination 10/6/78

MEDICAL HISTORY	Negative	Positive	Describe Fully Any Positive Findings
			CC. Slow learner x 1yr. 7 lbs 10 oz 3340 gm by informant. Mother to school RN Retained fetus.
Current Health Problems			dry skin behind ears & sometimes in scalp seasonal (summer & fall) # 2 of 3 siblings
Significant Past History (Birth, Development, etc.)			9-10 mo gestation c Neonatal prob. Mo. Convulsed during labor of 7 hours. Child was diagnosed as having a Nervous condition & shock mud for 2 days observed P mo. dismissed
Review of Systems			Born at St. Paul Hosp. Wt. 6 lbs no Resp. prob. Toilet @ 18-24 mo. Talked @ 9 mo. Walked @ 10 mo. @ 3 yr was seen at Scottish Rite Hosp. for genu valgum - treated by braces (nightly)
Pertinent Family/Social History			Systems - OK MO. has hypertension - has been on Rx fr. has seasonal dry skin mat. gr mo. has diabetes, 2nd cousin has Sickle cell anemia Stillborn Pat. gr mo died of ca.

PHYSICAL EXAMINATION

HEIGHT	WEIGHT	10/78 VISION				HEARING 9/78	
		Without Glasses		With Glasses		Right	Left
50 in. / cm.	66 lbs. / kg.	Right	Left	Right	Left	P	P
50 % ile	90 % ile	20/25	20/20	20/	20/	Method Used:	Pure tone 21

GENERAL	Normal	Abnormal	Not Examined	
				B.P. 90/60 P 78 R ____ Head circumference: 53 cm. (60 %ile)
Head	✓			
Eyes: Pupils	✓			
Fundi	✓			
Muscles	✓			
Ears	✓			
Nose-Throat	✓			RHINORRHEA
Teeth	✓			CARIES
Lungs	✓			
Heart	✓			RA 5 GALLOP AT (II) PULSES 2+ = BRAT.

To Be Completed by Physician

CANARY COPY — Building Nurse
PINK COPY — Health Services

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child Ja Reyce Smith Date of Examination 10/6/72

To Be Completed By Physician

	Normal	Abnormal	Not Examined	Describe Fully Any Abnormal Findings
GENERAL *(Continued)*				
Genitalia and Abdomen	✓			
Bone-Joint Muscle	✓			
Skin	✓			
NEUROLOGICAL				
Orientation	✓			
Cooperation	✓			
Behavior	✓			
Gait/Balance	✓			
Coordination:	✓			
Gross	✓			
Fine	✓			
Sensory	✓			
Reflexes	✓			2+ = BIMAT. ⊖ BABINSKI
Cranial Nerves	✓			
Speech	✓			

Please circle:

1) This patient (does; does not) have evidence of seizure disorder, significant hyperactivity or progressive neurologic disease.

2) This examination (does; does not) suggest the presence of static neurologic deficit or developmental delay.

Explanation: _____

HISTORY AND PHYSICAL EXAMINATION

SCHOOL HEALTH SERVICES

Name of Child LaRoyce Smith Date of Examination 10/6/75

MEDICAL DIAGNOSIS: ① SLOW LEARNER by Hx - ? NEUROLOGICAL CONDITION AS NEONATE
② CARIES

RECOMMENDATIONS: ① NO LIMITATIONS FOR PHYS. ED. NOTED AT THIS TIME.

Educational Implications: ☑ Yes ☐ No

Explanation: _____

Will follow-up be needed?
☐ Yes ☑ No

When? _____

Signed Richard M. Adams ~~D.O.~~ M. D.
(Physician)

_____
(Name Printed)

_____
(Address)

_____ _____
(Zip Code) (Telephone)

Thank you for providing this information. It will be helpful in making the appropriate recommendation for school placement.

Sincerely yours,

Richard M. Adams M. D.

Richard M. Adams, M. D.
Director — School Health Services
Dallas Independent School District